ALL ITEMS MUST BE FILLED IN BY VENDOR
ARLINGTON CENTRAL SCHOOL DISTRICT – POUGHKEEPSIE, NEW YORK 12603

CLAIM FORM

VENDORS NAME & ADDRESS

_____

_____

_____

PURCHASE ORDER NO.:

VENDORS INVOICE

VENDOR CODE:

DATE:

QUANITY	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
		TOTAL	

This is to certify that the work, labor, services, materials and supplies charged in the above account or claim and included in same, amounting to $_____ have been actually performed for, furnished and/or delivered to the Board of Education, POUGHKEEPSIE, N.Y.: that said claim is just, due and unpaid and that there are no offsets against the same; that the Items and specifications therein are correct; that the sums charged are seasonable and just; that no payment has been made on account, hereof, except as included or referred to in such account or claim.

_____ _____

Vendor's Name Signature of Claimant or Corporation Officer Title Date

FOR USE BY BOARD OF EDUCATION ONLY

FUNCTION	OBJECT	LOCATION	PROGRAM	ENCUMB LIQUIDATION	AMOUNT PAID
INVOICE #				TOTAL $	
EXTENDED BY				AUDITED BY	

APPROVAL OF OFFICER GIVING RISE TO CLAIM

I herby certify that this bill has been rendered in accordance with the contract, agreement, or accepted estimate and that the work has been completed and the material delivered satisfactorily.

_____ _____

DATE SIGNATURE OF PURCHASING AGENT