

CLAIM FORM

VENDORS NAME & ADDRESS

Date you are completing this form: _____

ALL ITEMS MUST BE FILLED IN BY VENDOR OR PAYEE.
PLEASE TYPE OR PRINT CLEARLY AND LEGIBLY. ILLEGIBLE CLAIMS WILL BE RETURNED.
***CLAIM MUST BE SUBMITTED TO BUILDING PRINCIPAL FOR APPROVAL/SIGNATURE THEN
SUBMITTED TO THE BUSINESS OFFICE – ACCOUNTS PAYABLE.**

DESCRIPTION

TOTAL AMOUNT

Mileage Reimbursement for: _____

state purpose of travel (ex. shared employee, floater, chaperone, sports or field trip, etc.)

For multiple trips attach mileage log

_____ miles @ \$.67 (Rate for miles travelled 7/1/24 – 12/30/24)

_____ miles @ \$.70 (Rate for miles travelled 1/1/25- 6/30/25)

Approval of Principal/Supervisor _____

Signature

Date

TOTAL

\$

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

Vendor (Payees Name) _____

Signature of Claimant (Payee) _____

Date _____

School/Department – Once approved by Building Principal/Supervisor, please forward to Business Office – Accounts Payable

DO NOT WRITE IN AREA BELOW - FOR USE BY BUSINESS OFFICE ONLY

CODE FUNCTION	CODE OBJECT	LOCATION	PROGRAM	AMOUNT PAID
A			0 0 0 0	\$
Invoice #	Total Payment \$			
Extended by	Audited by			

APPROVAL OF OFFICER GIVING RISE TO CLAIM

I hereby certify that this claim has been rendered in accordance with the contract, agreement, or accepted estimate and that the work has been completed and the materials delivered satisfactorily.

Date _____

Signature of Purchasing Agent _____