

Ravena-Coeymans-Selkirk Central School District
15 Mountain Road
P.O. Box 100
Selkirk, NY 12158

CURRICULUM WRITING CLAIM FORM

This claim form is to be used for payment for services rendered to the district.

NAME: _____

POSITION: _____

BUILDING: _____

NUMBER OF DAYS: _____

Curriculum Writing Grant Writing Summer Curriculum Grant Curriculum Writing

If under a grant, please specify name of grant _____

DATE	DESCRIPTION	HALF OR FULL DAY INCREMENTS
Total Amount		

This is to certify that said claim is just, due, and unpaid and that there are no offsets against the same; that the items are reasonable and just; that no payment has been made on account thereof, except as included or referred to in such account or claim.

Signature of Claimant

Date Submitted

Assistant Superintendent for Instruction Signature

Date Submitted

For Office Use Only: _____

Account Code to be Charged _____

Grant Account Code to be Charged _____