



CLAIM FORM (INVOICE)

CLAIM NO. _____

Date of Invoice _____

Sent to _____

At _____

MAIL ALL CLAIMS AND ATTACHED INVOICES TO:

GILBOA-CONESVILLE CENTRAL SCHOOL
DISTRICT OFFICE
132 WYCKOFF ROAD
GILBOA, NEW YORK 12076-9703

FROM:

(Name and
Address of
Vendor)

Detailed invoices may be attached and totals entered on this claim form. Certificate below **MUST BE SIGNED**.

PURCHASE ORDER NO.	INVOICE NUMBER	QUANTITY	DESCRIPTION OF ITEMS	UNIT PRICE	AMOUNT

VENDOR MUST SIGN THIS CERTIFICATE: This is to certify that the materials and/or services charged and included in the above claim amounting to _____, have been actually performed for, furnished and/or delivered to the above named BOARD OF EDUCATION; that the charges therefore are true and just, and that no payments have been made therefore except as included therein.

Name of Vendor

Signature of Claimant or Officer

Date _____ 20____

APPROVAL OF SCHOOL OFFICIAL ORIGINATING CLAIM: I hereby certify that this bill has been rendered in accordance with the contract, agreement, or accepted estimate and that the work has been completed and/or the materials delivered satisfactorily.

Date _____ 20____

Signature of Purchasing Official