## VENDOR'S CLAIM

Rome City School District
409 Bell Road, Rome, New York 13440, (315) 338-6500

Name:
Address:
Vendor \#:
$\qquad$

| Date | Description of Service | Unit Price | \# of Units | Total Amount |  |
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I hereby certify that the above articles or services were received or rendered in good order.

Signed: $\qquad$ Budget Code: $\qquad$

## Principal/Director

I, $\qquad$ hereby certify as, or in behalf of, the above claimant that the herein-described materials have been properly delivered, or the abovementioned services have been truly rendered, and that the charges therefore represent true and just charges for the materials and/or services so provided.

Claimant: $\qquad$ Social Security or Tax ID \#: $\qquad$
Date:
Note: Payment cannot be made if social security and/or tax ID number is not completed.

Business Office Approval:

