

CLAIM FORM

Board of Education
Andover Central School District No. 1
Andover, New York 14806

Date _____

PLEASE PRINT

CLAIMANT INFORMATION

Name: _____

Address: _____

(FOR OFFICE USE ONLY)

Quantity	Description	Contract Amount	Amount Payable	Checked By:

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

(Signature of Claimant)

(Date)

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.

(Signature of Superintendent)