

DEPEW UNION FREE SCHOOL DISTRICT

**CLAIM FORM  
DISTRICT FUNDS**

Depew Union Free School District  
5201 S. Transit Road  
Depew, New York 14043

Acct. No. \_\_\_\_\_

Vendor No. \_\_\_\_\_

Employee's Name and Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF MATERIALS OR SERVICE	QUANTITY	UNIT PRICE	AMOUNT
TOTAL AMT.			\$

**CLAIMANT'S CERTIFICATION**

I certify that the above amount is true and correct; that the items, services, and disbursements charged were rendered to or for the school district on the dates stated; that no part has been paid or satisfied; **that taxes, from which the school district is exempt, are not included**, and that the amount claimed is actually due.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

**SCHOOL OFFICIAL GIVING RISE TO CLAIM**

The above services or materials were rendered or furnished to the school district on the dates stated and the charges are correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Building Administrator / Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent of Schools / Business Administrator

