



## BRUSHTON-MOIRA CENTRAL SCHOOL CLAIM FORM

Purchase Order No. \_\_\_\_\_

NOTE: Bill each purchase order separately  
ALL ITEMS MUST BE FILLED IN BY VENDER

Claim Number \_\_\_\_\_

### TO BE FILLED IN BY VENDOR

Name of Vendor \_\_\_\_\_ Deliver to \_\_\_\_\_

Address of Vendor \_\_\_\_\_ Delivery Date \_\_\_\_\_

Vendor's Invoice No. \_\_\_\_\_ Invoice Date \_\_\_\_\_ Terms \_\_\_\_\_

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	NET AMOUNT

This is to certify that the work, labor, services, materials and supplies charged in the above account or claim and included in same, amounting to \$\_\_\_\_\_ have been actually performed for, furnished and/or delivered to the Board of Education, \_\_\_\_\_ NY; that said claim is just, due and unpaid and that there are no offsets against the same; that the items and specifications therein are correct; that the sums charged are reasonable and just; that no payment has been made on account thereof, except as included or referred to in such account or claim.

Vendor's Name

Signature of Claimant or Corporation Officer

Title

Date

#### Approval of Officer Giving Rise to 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 the materials delivered satisfactorily.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Administrator/Supervisor

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Superintendent

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Purchasing Agent/Treasurer