

Washingtonville Central School District

A/P CLAIM FORM

TO: Washingtonville Central School District
 Attn: ACCOUNTS PAYABLE
 52 West Main Street
 Washingtonville, NY 10992

FROM: _____
 Address: _____

Date: _____

PURCHASE ORDER: _____ (MUST BE IN PLACE PRIOR TO SUBMITTING REIMBURSEMENT)

NOTE: ALL EXPENSES CLAIMED FOR REIMBURSEMENT MUST BE ACCOMPANIED BY RECEIPTS.
 NYS SALES TAX IS NOT REIMBURSABLE.
 FOR MILEAGE PLEASE USE THE "MILEAGE CLAIM FORM"

Date	Description	Unit Price	Amount
		TOTAL :	\$

CLAIMANT MUST SIGN THIS CERTIFICATE:

Signature of Claimant	Title	Date
Signature of Originating Official	Title	Date
Signature of Assistant Superintendent of Business	Title	Date