

CLAIM FORM

No payment can be made unless this
Claim form is returned with your invoice

PHONE

A/C 315-589-9661



BOARD OF EDUCATION
WILLIAMSON CENTRAL SCHOOL
WILLIAMSON, N. Y. 14589

STATE TAX EXEMPT

VENDOR:

SHIP TO:

DATE:

PREPAID:

ATTENTION OF:

ENTRY DATE	BUDGET CODE	PURCHASE ORDER NO.	CLAIM NO.	INVOICE DATE	INVOICE NUMBER	DATE PAID	DATE WANTED	IF SHIPMENT CANNOT BE MADE ON DATE WANTED PLEASE ADVISE
DESCRIPTION		AMOUNT OF PURCHASE ORD.	AMOUNT OF CLAIM	DISCOUNT	NET AMOUNT	VENDOR NO.	TERMS	
ITEM	QUAN. ORDERED	QUAN. SHIPPED	DESCRIPTION			PRICE	AMOUNT	

MBF-07

This Copy Must Be Signed and Returned To District Office

VENDOR MUST SIGN THIS CERTIFICATE - This is to certify that the materials and/or services charged and included in the above claim amounting to \$ _____ have been actually performed or furnished and/or delivered to the above-named BOARD OF EDUCATION; that the charges therefore are true and just, and that no payments have been made therefore except as included herein.

Name of Vendor (s)

Signature of Claimant or Officer

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 materials delivered satisfactorily.

Date

Signature Purchasing Officer

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