



# *Public Schools of the Tarrytowns*

## Emergency Claims Audit Submission Form

Date  Invoice #

PO#  PO Amount

Invoice Amount  Vendor

Building or Department

Reason for Emergency Claims Audit

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Director/Administrator Approval  Date

Asst. Superintendent for Business Approval  Date

Claims Auditor Approval  Date

***\*All backup documentation must be submitted with this form for proper review.***