

CLAIM (INVOICE)

CLAIM NO. _____

BOARD OF EDUCATION
Hermon-DeKalb Central School
709 E. DeKalb Road
DeKalb Junction, NY 13630

Mail all Claims and Attached Invoices to:
Hermon-DeKalb Central School

Date of invoice _____
Sent to Hermon-DeKalb Central School
At DeKalb Junction, NY 13630

Name and _____
Address of _____
Vendor _____

Social Security No. _____

Purchase Order Number	Invoice Number	Quantity	Description of Items	Unit Price	Amount

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

(Name of Vendor)

(Signature of Claimant or Officer) (Title)

(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 the materials delivered satisfactorily.

Date _____

Signature of Purchasing Official