



## Claim Form

To: Board of Education

Date of Invoice: \_\_\_\_\_

Frankfort-Schuyler CSD

Sent to: \_\_\_\_\_

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Name & Address of Claimant: \_\_\_\_\_

**Purchase Order Number / Invoice Number/ Description of items / Unit Price/ Amount**

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Claimant MUST SIGN THIS CERTIFICATE and ATTACH DOCUMENTATION (if available): This is to certify that the materials and/or services charged and included in the above claim amounting to \$\_\_\_\_\_, have been actually performed for, 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 therein:

\_\_\_\_\_  
(Signature of Claimant) / Title

\_\_\_\_\_  
(Date)

### DISTRICT APPROVAL

\_\_\_\_\_  
Account Code

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Building Principal

\_\_\_\_\_  
Business Administrator