

CLAIM (Invoice)

TO: Board of Education/Wyoming Central School
1225 State Route 19
Wyoming, New York 14591

Professional Development

BUDGET CODE: _____
Year: **2024-2025**

Date of Invoice: _____

Name: _____

Address: _____

Professional Development	Unit Price	Amount
Course/Program: _____		
Mon. Date: _____ Hours _____		
Tues. Date: _____ Hours _____		
Wed. Date: _____ Hours _____		
Thurs. Date: _____ Hours _____		
Fri. Date: _____ Hours _____		
Total Hours: _____	\$30.00/hr	

Grand Total \$ _____

Claimant's Certification

I, _____, certify that the above account in the amount of \$_____ is true and correct; that the items, services, and disbursements charged were rendered to or for the school district on the dates stated; that no one has been paid or satisfied; that taxes; from which the school district is exempt, are not included; and that the amount claimed is actually due.

Date

Signature

Title

APPROVAL OF SCHOOL OFFICIAL ORIGINATING CLAIM: I hereby certify that this claim 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 Administrator