

To: Board of Education  
 West Valley Central School District  
 School Street  
 P.O. Box 290  
 Cattaraugus County  
 West Valley, NY 14171

# Claim Invoice

Form 84 Rev. 3/01

Vendor Code No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

Name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

Phone: (716) 942-3293  
 Fax: (716) 942-3440

***This claim form cannot be processed without your social security number.***

		Description	Amount
		Varsity _____ JV _____ Modified _____ Type of Contest: _____ Boys _____ Girls _____ Contest Date: _____ West Valley vs: _____	
Total \$			

**Business Office Use Only**

Code	Check Amount
<b>Total</b>	

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 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 therefor except as included therein.

\_\_\_\_\_  
 Signature of Claimant 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 Athletic Director