



Wyoming Central School  
 1225 State Route 19  
 PO Box 244  
 Wyoming, NY 14591  
 Phone: (585)495-6222  
 Tax ID#: 16-6002146

## Wyoming Central School District Request for Reimbursement

Vendor Information	
Name:	
Mailing Address:	
Telephone Number:	
Social Security Number:	

Note: To Insure proper payment please attach documentation.			
Description	Account Code	Total	Invoice #

This is to certify that the materials and services charged in the above account or claim and included in the same, 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 therefore payments have been made as included therein.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

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 the material delivered satisfactorily.

Approved by: \_\_\_\_\_

Purchasing Agent: \_\_\_\_\_

Auditor: \_\_\_\_\_