**GENERAL FUND**

**MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT**
**Centereach, NY 11720**

**NO:** A

**NO:** 0640

If payment is to be made to an individual for services rendered, it is imperative that the person's home address and vendor be indicated in the space identified "for use by school district only", for income tax purposes.

NOTE: Bill each delivery separately

| ACCOUNT NUMBER | | | | DATE | ACCOUNTS PAYABLE # | PAYMENT | VENDOR # | CHECK # | INVOICE # | TRANS CODE |
|---|---|---|---|---|---|---|---|---|---|---|
| Function | Object | Loc. | Program | M M D D Y Y | | | | | | |
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(for use by school district only)

(TO BE COMPLETED BY VENDOR)

THIS FORM MUST ACCOMPANY YOUR INVOICE

This is to certify that the work, labor, services, materials and supplies charged in the above account or claim and included in the same amounting to $_____ have been actually performed for, furnished and/or delivered to the Board of Education, Middle Country School District, Centereach, NY,; that said claim is just, due and unpaid and that there are no offsets against the same, that the items and specifications therein are correct; that the sums charged are reasonable and just; that no payment has been made on account thereof, except as included or referred to in such account or claim.

Invoice No. _____ Invoice Date _____ Terms _____ Date _____

Vendor's Name _____ Signature of Claimant or Corporation Officer _____

**Approval of Officer Giving Rise to 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 the materials delivered satisfactorily

Signature of Department Supervisor _____ Signature of Internal Auditor _____

Date _____ Assistant Superintendent for Business _____

Revised 10/2007