

EDGEMONT UNION FREE SCHOOL DISTRICT
CLAIM REIMBURSEMENT FORM

ROUTING SEQUENCE
<input type="checkbox"/> Local Administrator
<input type="checkbox"/> Asst. Sup. Business
<input type="checkbox"/> Accounts Payable

CLAIMANT: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____

DATE	DESCRIPTION/ITEMIZATION	UNIT PRICE	TOTALS
TOTAL CLAIM			

THIS IS TO CERTIFY that the materials and services claimed above have been performed for, furnished and/or delivered to the Edgemont Union Free School District in accordance with our award; that said claim is just, due and unpaid and that there are not offsets against the same; that the items are correct; that the sum(s) 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; that no Federal, New York State or other taxes are included in this claim.

CLAIMANT SIGNATURE: _____ DATE: _____

APPROVED: _____ DATE: _____
 Administrator

APPROVED: _____ DATE: _____
 Assistant Superintendent for Administration & Business

<p>FOR BUSINESS OFFICE USE ONLY</p> <p>Vendor #: _____</p> <p>Budget Code: _____</p> <p>Amount Approved: _____ Initials: _____</p>	<p>FOR CLAIMS AUDITOR USE ONLY</p> <p>I certify that this voucher has been audited in the amount listed below. Payment is hereby authorized to the claimant, and the amount allowed is charged to the proper fund.</p> <p>Amount: _____</p> <p>PO #: _____</p> <p>Auditor: _____</p>
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