

CLAIM FORM

No payment can be made unless this claim form is returned with your invoice
PHONE A/C 315-589-9661

BOARD OF EDUCATION
WILLIAMSON CENTRAL SCHOOL
WILLIAMSON, NY 14589



STATE TAX EXEMPT

VENDOR:
ADDRESS:

DATE:
ATTENTION OF:

CLAIM NO.		DESCRIPTION	VENDOR NO.	TERMS	
AMOUNT OF CLAIM		BUDGET CODE	INVOICE DATE	INVOICE NO.	
ITEM	QUAN. ORDERED	DESCRIPTION	PRICE	AMOUNT	

MBF-07

This Copy Must Be Signed and Returned To District Office

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 performed or 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 therefore except as included herein.

Signature of Vendor

Signature of Claimant or Officer

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 materials delivered satisfactorily.

Signature of Purchasing Officer

Date

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