Claimant Leave Blank

Claim No. _____
Check No. _____
Codes _____

# CLAIM
## For Reimbursement for Authorized Expenses

# EAST RAMAPO CENTRAL SCHOOL DISTRICT
## Spring Valley, NY 10977

NAME _____ SCHOOL _____ DATE _____

Claims submitted to the Accounting Office by the 10th of the month will be handled during that month

| MILEAGE | | | | | OTHER EXPENSES ITEMIZED | |
|---|---|---|---|---|---|---|
| **Date** | **Destination** | **No Miles x** | **Rate** | **Amount** | **Name or purpose of meetings or conferences must be given.** | **Amount** |
| | Name or Purpose of Meetings or Conferences Must be Given | | | $ | IMPORTANT: Paid bills and other substantiating data must be attached. | $ |
| | | | Total | $ | Total | $ |

Certification of Claimant

This is to certify that the expenditures charged and included in the above claim in the amount listed below 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 therefore except as included therein.

Amount of Claim $_____

Claimant's Signature _____ Position _____

Approved by: _____ Date _____

Claimant Leave Blank

**Approval**

I hereby certify that this claim has been rendered in accordance with the contract, agreement, or accepted estimate and that the expenses itemized have been authorized for official business of the School District.

Date _____

_____

Assistant Superintendent