

Student Activities Claim (Invoice)

New Paltz Central School District
196 Main Street
New Paltz, NY 12561

Date of Invoice: _____

Activity/Club: _____

Payable To: _____

Detailed invoice should be attached, and totals entered on this claim form. Certificate below MUST BE SIGNED.

DESCRIPTION OF ITEMS	AMOUNT
I HEREBY CERTIFY THAT THE ATTACHED INVOICE OR ADVANCE REQUISITION IS CORRECT AND A PROPER CHARGE AGAINST THE ABOVE NAMED ACTIVITY.	
STUDENT TREASURER	ACTIVITY ADVISOR
	date:
PRINCIPAL if Required	BUSINESS OFFICE - CENTRAL TREASURER
date:	check # date: