REMSEN CENTRAL SCHOOL DISTRICT

PO BOX 406, 9733 MAIN ST.
REMSEN, NY 13438
Tel. (315) 205 4300

VENDOR VOUCHER / REIMBURSEMENT REQUEST

NAME OF VENDOR: _____ **DATE OF CLAIM:** _____

ADDRESS: _____ **TEL. #** _____

CITY: _____ **SSN #** _____

STATE/ZIP: _____

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL

This is to certify that the work, services, materials and supplies charged in the above account or claim and included in the same have been actually performed for, furnished and/or delivered to the Board of Education, Remsen Central School, PO Box 406, 9733 Main Street, Remsen, New York 13438, that said claim is just, due unpaid and that there are no offsets against the same; that the items and specifications therein are correct.

Signature of Vendor _____ Date _____

APPROVAL OF SCHOOL 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 the materials delivered satisfactorily.

Signature of Supervisor _____ Date _____