

FABIUS-POMPEY CENTRAL SCHOOL DISTRICT
 Fabius, NY 13063

CLAIM FORM

INVOICES TO:
 FABIUS-POMPEY CENTRAL SCHOOL DISTRICT
 1211 MILL STREET
 FABIUS, NY 13063
 ATTN: BUSINESS OFFICE

<u>OFFICE USE ONLY:</u> VENDOR # _____ BUDGET CODE # _____
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NAME AND ADDRESS (please print):

V _____
 E _____
 N _____
 D _____
 O _____
 R _____

Detailed invoices may be attached and totals entered on this form. This form **must be signed** below by claimant.

Quantity	Description of Item	Unit Price	Amount

This is to certify that the materials and/or services charged and included in the above claim amount to \$_____, have been actually performed/furnished and/or delivered to the above-named school district, that the charges therefor are true and just, and that no payments have been made therefor except as included therein.

 Signature of Claimant

 Date

APPROVAL BY SCHOOL OFFICIAL: I hereby certify that this claim 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 Supervisor

 Date

 Signature of Purchasing Official

 Date