

CLAIM FORM

**SALEM CENTRAL
SCHOOL DISTRICT
Washington Academy
P.O. Box 517
Salem, NY 12865**

**Date:
Requisition No:
Claim No:
Vendor's Invoice No:
Budget Code:**

Delivery Instructions

TO { } **Send To:**

PLEASE ENTER OUR ORDER FOR THE FOLLOWING MATERIAL AND/OR SERVICES:

Quantity	Description	Unit Price	Total	Code
Total Invoice				

This is to certify that the materials & services charged in the above account or claim and included in the amount of \$_____ have been actually furnished, delivered and performed to the Board of Education that said claim is just due.

Approved By _____

Vendor's Name

Signature of Claimant or Corp. Officer

Date

Street Address

City and State

Invoice No.