CLAIM (INVOICE)

CLAIM NO._____

TO: BOARD OF EDUCATION
MORIAH CENTRAL SCHOOL
39 VIKING LANE
PORT HENRY, NEW YORK 12974

DATE OF INVOICE_____

FROM:
(NAME AND ADDRESS OF VENDOR)

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

PURCHASE ORDER NO.	INVOICE NUMBER	QUANTITY	DESCRIPTION OF ITEMS	UNIT PRICE	AMOUNT

VENDOR MUST SIGN THIS CERTIFICATE: This is to certify that the materials and/or services charged and included in the above claim amounting to $_____, have been actually performed for, furnished and/or delivered to the above-named BOARD OF EDUCATION; that the charges therefor are true and just, and that no payments have been made therefor except as included therein.

_____ _____ **Date**_____
(Name of Vendor) **(Signature of Claimant or Officer)**

APPROVAL OF SCHOOL OFFICIAL 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.

Date_____ _____
Authorized Signature