Deposit Central School District

Deposit, NY 13754

CLAIM FORM

To: Board of Education
Deposit Central School District
Deposit, NY 13754

From: _____ **Vendor #** _____
(name & address) _____ Date of Invoice: _____

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

Account Code	Invoice Number	Qty	Description of Items	Unit Price	Amount
				Shipping	
				TOTAL	

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 therefore are true and just, and that no payments have been made therefore except as included therein.

Name of Vendor (Submitter) _____ Signature of Supervisor or Principal _____ Date

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.

To the Treasurer of the Deposit Central School District, NY, This is to certify that the claim on which this warrant is based has been audited and hereby approved for payment

Auditor

Date : _____ _____
Signature of Superintendent or Business Official

Safety Data Sheets MUST accompany any toxic substance listed above.
Educational Institutions are Exempt from Local, State and Federal Taxes