

CLAIM FORM

GANANDA CENTRAL SCHOOL DISTRICT  
1500 DAYSPRING RIDGE  
WALWORTH, NY 14568  
Phone: (315) 986-3521 Fax: (315) 986-2003

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_

Send all claims with receipts attached to the Business Office. This must be signed by claimant.

DATE OF EXPENSE	VENDOR/ ESTABLISHMENT	DESCRIPTION OF ITEMS AND/OR SERVICES	QUANTITY	UNIT PRICE	TOTAL AMOUNT

TOTAL CLAIM    ⇔    \$

The signature below certifies that the materials and/or services charged to and included in the above claim in the amount of \$\_\_\_\_\_ have been furnished and/or delivered to or performed for the Gananda Central School District, that the charges therefore are true and just, and that no payments have been made therefore, except as included therein.

Date: \_\_\_\_\_  
Signature of Claimant

Approval of School Purchasing Agent - 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 provided satisfactorily.

Date: \_\_\_\_\_  
Signature of Purchasing Agent