

CLAIM FORM
CHERRY VALLEY-SPRINGFIELD C.S.
PO BOX 485
CHERRY VALLEY, NY 13320
607-264-9350

TO BE FILLED IN BY VENDOR:

(please print)
Name of Vendor _____ Social Security Number _____
OR
Address _____ Employee ID Number _____

Telephone _____ Date _____

NO PAYMENT WILL BE MADE
WITHOUT ONE OF THE ABOVE
ABOVE NUMBERS !!!!

Quantity	Unit	Description	Unit Price	Total
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INVOICE TOTAL: _____

This is to certify that the materials and services charged in the above account or claim and included in the same, have been actually furnished delivered and performed to the Cherry Valley-Springfield Central School District, Cherry Valley, NY; that said claim is just, due and unpaid and that there are no offsets against the same; that the items and specifications are correct; that the sums charged are reasonable and just; that no New York State Sales Tax has been included; that no payment has been made on account thereof, except as included or referred to in such account or claim. If this claim is for mileage or reimbursement for expenses, then documentation of prior approval is attached. Examples of prior approval are conference request form, requisitions or purchase orders.

Vendor's Signature	Date	Supervisor
Business Office	Purchasing Agent	Claims Auditor