

# CLAIM FORM

CHERRY VALLEY – SPRINGFIELD CENTRAL SCHOOL  
 PO BOX 485  
 CHERRY VALLEY, NEW YORK 13320  
 607-264-3257 EXT 510

**TO BE COMPLETED IN BY VENDOR**

(please print)

Name of Vendor \_\_\_\_\_

Social Security Number \_\_\_\_\_

Or

\_\_\_\_\_

Employee ID Number \_\_\_\_\_

\_\_\_\_\_

No payment will be made without one of the above numbers!!!!

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Qty	Unit	Medicare Reimbursement for 2022	Price	Total
<b>1</b>	<b>Year</b>	I am a : Faculty Retiree _____ Faculty Spouse _____		
<b>1</b>	<b>Year</b>	I am a: Support Staff Retiree _____ Support Staff Spouse _____  As a retiree of the Support Staff I understand that my reimbursement is capped at <u>\$1250.00</u> for both myself and my spouse.	\$1250.00	\$1250.00

PLEASE INCLUDE A COPY OF YOUR  
SSA-1099 SOCIAL SECURITY BENEFIT STATEMENT  
 AND A COPY OF YOUR MEDICARE CARD.

FORMS DUE NO LATER THAN March 1, 2023

**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 or 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 approved are conference request form, requisitions or purchase orders.

\_\_\_\_\_  
Vendors Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Business Office

\_\_\_\_\_  
Purchasing Agent

\_\_\_\_\_  
Claims Auditor