



Claim Form

Otselic Valley Central School District

In order to be reimbursed for your expenses, please fill out all information and attach all receipts. If you were traveling, submit a mileage summary from Mapquest and an agenda. Completed claim forms need to be directed to your immediate supervisor.

Vendor Contact Information:

Name: _____

PO #: _____

Address: _____

Phone number: _____

Fax Number: _____

E-mail address: _____

Qty	Unit	Description	Unit Price (\$)	Sub-Total
Total:				

This is to certify that the work, labor, services, material and supplies charged in the above amounting to _____ have been actually performed, furnished and/or delivered to the Board of Education, South Otselic, NY; that said claim is just, due, and unpaid and that there are no offsets against the same; that the items and specifications therein are correct; that the sum charged are reasonable and just; that no payment has been made on account thereof, except as included or referred to in such account or claim.

Claimant Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Business Official: _____

Date: _____

Approval of Officer Giving Rise To 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 the materials delivered satisfactorily.

Purchasing Agent Signature: _____

Date: _____