26 New York Avenue
Smithtown, NY 11787

Claimant/Vendor No. ____

P.O. No. _____

CLAIM FORM (Invoice)
(Use Black Ink Only)

Check No. _____

Claimant/
Vendor Name: _____

Address: _____

_____

Invoice: _____

_____

Budget Code	Amount

Quantity	Unit	Description	Unit Price	Total

CLAIMANT/VENDOR MUST SIGN THIS CERTIFICATE: This is to certify that the materials and/or services charged and included in the above claim have actually been performed, furnished and/or delivered; that the charges are true and just and that no payments have been made on account, except as noted therein.

Central Office Approval

_____ _____
Signature of Claimant/Vendor Date

APPROVAL OF SCHOOL ADMINISTRATOR/SUPERVISOR 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.

_____ _____
Signature of School Administrator/Supervisor Signature of Purchasing Agent