

# MAYFIELD CENTRAL SCHOOL CLAIM FORM

**TO: BOARD OF EDUCATION  
MAYFIELD CENTRAL SCHOOL DISTRICT  
27 SCHOOL STREET  
MAYFIELD, NEW YORK 12117**

Date of Invoice: \_\_\_\_\_

Vendor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Detailed invoices may be attached and totals entered on this claim form. Certificate below **MUST BE SIGNED**.

PURCHASE ORDER #	INVOICE NUMBER	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
<b>TOTAL</b>				<b>\$</b>	
<b>ACCOUNT CODE(S):</b>					

This is to certify that the materials and/or services charged and included in the above claim amount to \$ \_\_\_\_\_ have been actually performed for, furnished and/or delivered to the above-named BOARD OF EDUCATION: that the charges therefore are true and just, and that no payments have been made therefore except as included therein.

\_\_\_\_\_  
Date: \_\_\_\_\_ 20\_\_\_\_  
CLAIMANT SIGNATURE

\_\_\_\_\_  
Date: \_\_\_\_\_ 20\_\_\_\_  
PRINCIPAL SIGNATURE

\_\_\_\_\_  
Date: \_\_\_\_\_ 20\_\_\_\_  
SCHOOL OFFICIAL/PURCHASING OFFICIAL SIGNATURE