Carmel Central School District
District Office
South Street
Patterson, NY 12563

CLAIM FORM

Date: _____
Vendor: _____
Address: _____
_____
Social Security #: _____
Budget Code: _____

Date	Description of Claim for Payment	Amount
	Total	

Vendor: This is to certify that this claim is being made for services or materials actually provided for the Carmel Central School District; that the charges therefore are true and just, and that no payments have been made for this claim except as stated above.

_____ _____
Signature of Vendor Date

Administrator/Supervisor Verifying this Claim: I hereby certify that this claim has been rendered in accordance with the contract, agreement, or accepted estimate, and that the work has been complete and/or the materials delivered satisfactorily.

_____ _____
Signature of Person Verifying Date

Purchasing Official: This claim is approved for payment.

_____ _____
Signature of Purchasing Official Date