

CLAIM FORM

Dolgeville Central School District
38 Slawson Street, Dolgeville New York 13329
Telephone: (315) 429-3155 Fax: (315) 429-8473

TO BE FILLED IN BY VENDOR OR PERSON MAKING CLAIM

<u>Name</u> of Vendor or Person Making Claim:	<u>Address</u> of Vendor or Person Making Claim:
Social Security Number or Federal ID Number:	

Quantity	Description	Unit Price	Net Amount

I hereby certify that the work, labor, services, materials, and supplies charged in the above account or claim have been actually performed and/or delivered to the Dolgeville Central School District. And, that said claim is just and unpaid.

Claimant's Name	Signature	Title	Date

FOR USE BY THE BOARD OF EDUCATION ONLY

Approval of the 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.

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Date

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Signature of Purchasing Agent