

# Cornwall Central School District

## CLAIM/INVOICE FORM

24 IDLEWILD AVENUE, CORNWALL-ON-HUDSON, NY 12520

PAY TO THE ORDER OF: \_\_\_\_\_

REMIT TO: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

PURCHASE ORDER #: \_\_\_\_\_

All expenses claimed for reimbursement/payment **must** be accompanied with supporting documentation/receipts and a complete description.

DATE OF CLAIM / INVOICE:	DESCRIPTION OF CLAIM / INVOICE	CLAIM / INVOICE AMOUNT
	<b>TOTAL</b>	\$ -

\_\_\_\_\_  
Administrative Approval Date

\_\_\_\_\_  
Budget Code *(required)*

\_\_\_\_\_  
Vendor # *(Business Office use only)*

\_\_\_\_\_  
Assistant Superintendent for Business Date

**Claimant Certification**

I hereby certify that the claim indicated above has been rendered in accordance with the contract, agreement or accepted estimate and that the services have been completed and/or the materials delivered satisfactorily.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date