

Canastota Central School District

120 Roberts Street • Canastota, New York 13032

315-697-2025

CLAIM FORM

To be completed by vendor

Name of vendor: _____

Delivery to: _____

Address of vendor: _____

Delivery date: _____

Quantity	Units of Measure	Description	Unit Price	Net Amount
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				Total to Be PAID
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This is to certify that the work, labor, services, materials and supplies charged in the above have been actually performed for, furnished and/or delivered to the Canastota Central School District, Canastota, NY: that said claim is just, due and unpaid and that there are no offsets against the same; that the times and specifications therein are correct; that the sums charged are reasonable and just; that no payment has been made on account thereof, except as included or referred to in this claim.

_____	_____	_____
Signature of Claimant or Corporation Office	Title	Date

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.

_____	_____	_____
Signature of Principal or Budget Center Manager	Date	Budget Account Number

Note: All shaded areas must be completed for authorization

Payment Authorization

_____	_____	_____
Purchasing Agent	Date	Vendor Number