

# 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
----------	------------------	-------------	------------	------------

				<b>Total to Be PAID</b>
--	--	--	--	-------------------------

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