

CLAIM FORM
(Voucher)

BOARD OF EDUCATION BUSINESS OFFICE

City School District of the City of Kingston, N.Y. Phone (845) 339-3000

VENDOR

Type your name and address

Date: _____

| Quantity | | Unit Price | Amount |
|----------|--|------------|--------|
| | | | |
| | | Total | |

| Fund to be Charged | Amount | Vendor leave blank |
|--------------------|--------|--------------------|
| | | |

No payment without completed claim form

I certify that the above bill is just, true and correct, that no part has been paid as stated and that the balance is actually due and owing, and that taxes from which the School District is exempt are excluded.

Signed _____ Date _____
Vendor or Authorized Representative

Approval of Officer giving rise to claims.
I hereby certify that the claim has been rendered in accordance with the respective contract, agreement, or accepted estimate and that the work has been completed and/or the material delivered satisfactorily in each case.
Date _____ Initial _____

I hereby certify that I have examined the proof of the foregoing account and find the same to be correct.

Auditor