

CLAIM/EXPENSE FORM

CLAIMANT: _____ DELIVER TO: _____

ALL RECEIPTS FOR EXPENSES MUST BE ATTACHED TO THIS CLAIM FORM

DATE	DESCRIPTION	UNIT	TOTAL	CODE

This is to certify that the materials and services charged in the above claim or account and included in the same amount to \$ _____ (_____ Dollars) have been actually furnished, delivered, and performed to the Board of Education, Cambridge Central School; that said claim is just, due and unpaid and that there are no offsets against same; that the items and specifications 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 such account or claim.

Signature of Claimant

Signature of Supervisor

Date: _____

Date: _____

BUSINESS OFFICE APPROVAL