

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