

WATERLOO CENTRAL SCHOOL DISTRICT  
 Administrative Offices  
 109 Washington Street  
 Waterloo, New York 13165



# CLAIM FORM

NAME AND ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE OF INVOICE \_\_\_\_\_

Fill claim form in completely using **INK** only. **ORIGINAL** detailed invoices must be attached, and totals entered on this claim form. Certificate below **MUST BE SIGNED**.

Vendor No. \_\_\_\_\_

Invoice Number	Quantity	Description of Items	Unit Price	Amount
<b>TOTAL</b>				

**CODE NO.** \_\_\_\_\_

**SCHOOL OFFICIAL** \_\_\_\_\_

**DATE** \_\_\_\_\_

**VENDOR MUST SIGN THIS CERTIFICATE.** This is to certify that materials and/or services charged and included in the above claim have been actually performed for, furnished and/or delivered to the above-named Waterloo Central School District; that charges therefore are true and just, and no payments have been made therefore except as included therein.

\_\_\_\_\_

Print Name

Signature of Claimant

Title

Date

APPROVAL OF SCHOOL OFFICIAL ORIGINATING CLAIM, I hereby certify that this bill has been rendered in accordance with the contract, agreement, or accepted estimate, and that work has been completed and/or the materials delivered satisfactorily.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Business Official