

Waterloo Central School District
 Administrative Offices
 109 Washington St.
 Waterloo, NY 13165

CLAIM FORM



Name:	Date:
Address:	Vendor number:
	<input type="checkbox"/> Check if this is a NEW address

Fill claim form in completely must be **TYPED** or filled in using **INK**. **ORIGINAL** detailed invoices or receipts must attached. Certificate below **MUST BE SIGNED**.

Invoice Number	Quantity	Description of Items	Unit Price	Amount
Total				

Code Number: _____

School Official Signature: _____

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
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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

Signature of Business Official	Date
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