

CLAIM (INVOICE)

CHECK NO. _____

BOARD OF EDUCATION GOSHEN
 CENTRAL SCHOOL DISTRICT GOSHEN,
 NEW YORK 10924
 ORANGE COUNTY

DATE OF INVOICE _____ 20__

SENT TO _____

AT _____

FROM:
 (NAME AND
 ADDRESS OF
 VENDOR)

Detailed invoices may be attached, and totals entered on this claim form. Certificate below **MUST BE SIGNED**.

PURCHASE ORDER NO.	INVOICE NUMBER	DESCRIPTION OF ITEMS		UNIT PRICE	AMOUNT
		CHECKED ITEMS RECEIVED BY DATE	PRICES AND EXTENSIONS CHECKED BY		
		APPROVED AND CODED BY CODE	AUDITED FOR PAYMENT _____ _____ AUDIT COMM.		

VENDOR MUST SIGN THIS CERTIFICATE: This is to certify that the materials and/or services charged and included in the above claim amounting to \$ _____, have been actually performed for, furnished and/or delivered to the above-named BOARD OF EDUCATION; that the charges therefore are true and just, and that no payments have been made therefore except as included therein. That there are no federal or N.Y.S. taxes included.

 (Name of Vendor)

 (Signature of Claimant or Officer) (Title)

Date _____, 19__