## **CLAIM FORM**

## BOARD OF EDUCATION LEWISTON-PORTER CENTRAL SCHOOL DISTRICT 4061 Creek Road Youngstown, NY 14174

Name			Purchase Order #			
and Address			*Budget Code			
of			Invoice Date			
Vendor			Invoice #	nvoice #		
Terms	S Invoice Amt					
Social Security #* Individuals Only			*Vendor # * Vendors leave blank			
<ol> <li>If clai</li> <li>Bill e</li> </ol>	ach purchase	CTIONS: voices, submit a single copy o order separately. COMPLETELY using addre			е.	
QUANTITY	TITY UNIT DESCRIPTION			<u>UNIT</u> PRICE	EXTENSION	
This is 4						
amounting to Education, L offsets agains	st the same; the	e services, materials and supploned by have been actually performed central School District; that nat the items and specifications been made on account thereof,	formed for, furnished and said claim is just, due an therein are correct; that	l/or delivered d unpaid and t the sums char	to the Board of that there are no ged are reasonable	
Date			Signature of Claimant or Corporation Officer			
		ll has been rendered in accordanpleted and the material delive		greement, or a	ccepted estimate an	
Date			Purchasing Agent			