

CLAIM FORM VOUCHER

CITY SCHOOL DISTRICT

OF THE CITY OF

SCHENECTADY, NEW YORK

108 Education Drive • Schenectady, N.Y. 12303
Phone: (518) 370-8100 Ext. 40115 • Fax (518) 395-3506
TO BE FILLED IN BY CLAIMANT - PLEASE PRINT OR TYPE

V# _____

↓ Please provide your name, address and Social Security number in the top area.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ SS#/EIN# _____

DATE(S)	DESCRIPTION	AMOUNT	BUDGET CODE
<div data-bbox="66 674 201 810">List Date of Claim Here</div>	<p>Retro payment for sports officials as per new contract.</p> <div data-bbox="282 737 937 789">List all dates worked below:</div> <div data-bbox="282 1329 937 1503">Send completed claim form to: Steve Boynton, Asst. Athletic Director Schenectady High School 1445 The Plaza Schenectady, NY 12308</div> <div data-bbox="617 1518 972 1564">Total Requested →</div>		A2855.413

When claim is signed, dated, approved and coded, please send claim form and all original receipts to Purchasing Dept., 108 Education Dr., Schenectady, New York 12303

THIS IS TO CERTIFY that the materials and services charged in the above account and included in the same have been actually furnished, delivered, and performed to the City School District of the City of Schenectady, N.Y.; that no member of the Board of Education or other officer of the City School District of Schenectady or any person in the employ of the said School District is interested therein; that said claim is just, due and unpaid and that there are no offsets against the 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 or Corporation Officer Date

Approved by: _____ Date

Signature of Treasurer Date