

CINCINNATUS CENTRAL SCHOOL DISTRICT
Board of Education
2809 Cincinnatus Road
Cincinnati, NY 13040
CLAIM INVOICE



DATE: _____

Vendor # or Employee # _____
 Name and Complete Mailing Address:

All Claims must be properly CERTIFIED
 on our *Claim Form* and Mailed to:
 Cincinnatus Central School
 Board of Education
 2809 Cincinnatus Road
 Cincinnati, NY 13040

Invoice No.	Quantity and Unit	Description	Unit Price	Total Amount

This is to certify that the work, labor, services, materials and supplies charged in the attached account/claim and included in the same, amounting to \$_____, have actually been performed for, furnished and/or delivered to the Board of Education, Cincinnatus Central School District; that said claim is just and unpaid, and that there are no offsets against the same; 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/claim.

 (Print/Type Name of Vendor or Employee) (Signature of Vendor or Employee) (Date)

APPROVAL OF SCHOOL OFFICER GIVING RISE TO CLAIM

I hereby certify that this bill has been rendered in accordance with the contract agreement, or accepted estimate, and that the work has been completed and the material delivered satisfactorily.

 Principal/Coordinator/Administrator

Requisition No. _____

 Purchasing Agent

Account No. _____