



# CINCINNATUS

CENTRAL SCHOOL DISTRICT

2809 Cincinnatus Road,  
Cincinnatus, NY 13040

## CONTACT US

Phone: (607) 863-3200

Fax: (607) 863-4109

[www.cc.cnyric.org](http://www.cc.cnyric.org)

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# BOARD OF EDUCATION

## 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,  
Cincinnatus, NY 13040

Invoice #	Quantity & 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. \_\_\_\_\_