

CLAIM VOUCHER

South Glens Falls Central School
 6 Bulebird Road
 South Glens Falls, New York 12803
 Business Office: 518-793-9616 FAX: 518-761-0723

Date: _____

IMPORTANT! Please complete and return as soon as possible to the Business Office for processing.

Name/Address:

Social Security #	

Quantity	Description	Unit Price	Net Amount
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
Total			\$0.00

This is to certify that the materials and services charged in the above account or claim and included in the same amounting to \$0.00 have been actually performed for, furnished and/or delivered to the Board of Education, South Glens Falls, New York, that said claim is just, due and unpaid and that there are not offsets against the same; that the items and specifications are correct; that the sums charged are reasonable and just; that no payment has been make on account thereof, except as included or referred to in such account or claim.

NDOR'S NAME _____ SIGNATURE _____ DATE _____

VENDOR # _____ CODE _____ APPROVED _____