



SCHOOL BUSINESS OFFICE

SOUTH GLENS FALLS CENTRAL SCHOOL DISTRICT

Business Office Phone: 518-793-9619

Fax: 518-761-0723

CLAIM VOUCHER

Date _____

Name/Address

(Important: Please complete and return as soon as possible to the Business Office for processing)

Quantity	Description	Unit Price	Net Amount

This is to certify that the materials and services charged in the above account or claim amount of \$_____ have actually performed for, furnished and/or delivered to the Board of Education, South Glens Falls, NY, 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 made on account thereof, except as included or referred to in such account or claim.

Vendor's Name _____

Date _____

Signature _____

Vendor # _____

Code _____

Approved _____