CLAIM (INVOICE)

Please submit by June 30th. Payment is subject to Board approval if submitted after the books are closed.

BOARD OF EDUCATION

Date of Invoice:

New Paltz Central School District

Payable To:

196 Main Street

Mailing Address:

New Paltz, NY 12561

Detailed invoice may be attached, and totals entered on this claim form. Certificate below MUST BE SIGNED.					
PURCHASE ORDER NUMBER	INVOICE NUMBER		DESCRIPTION O	F ITEMS	AMOUNT
TOTAL AMOUNT TO BE PAID:					\$
SUPERVISOR APPROVAL			BUDGET CODE	PURCHASING AGENT APPROVAL	AUDITORS APPROVAL
I certify the materials and/or services charged were performed and/or received.				I certify the materials and/or services charged were performed and/or received.	

PERSONS MUST SIGN THIS CERTIFICATE: This is to certify that the materials and/or services charged and included in the above claim have been actually performed for, furnished and/or

delivered to the above-named BOARD OF EDUCATION: that the charges therefor are true and just, and that no payments have been made therefor except as included therein. That there are no Federal or N.Y.S. sales taxes included.

(Person Making Statement Sign Here)