

Vendor Claim Form 2011-12

Marlboro Central School District

Vendor Name: _____ Date: _____

Home Address: _____ School: _____

_____ SS # _____

NOTE: Claim forms must be submitted weekly.

(Use for security, physical therapy, and other contractual services. Detail must be completed and any supplemental material detailing expenses must be attached.)

Date	Hours	PO#	Description/Purpose	Rate	Total

Vendor must sign this form. This is to certify that the materials and/or services charged have been actually performed, furnished, and/or delivered to the school district and the charges are true and just, and that no prior payment has been made for these services.

Vendor Signature _____

Administrator/Director _____

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

Purchasing Agent _____ Date: _____