

Vendor Claim Form 2020-21

Marlboro Central School District

Vendor Name: _____ Date: _____

Home Address: _____ School: _____

NOTE: Vendor claim forms will **only** be accepted for a **one week period**. Tutoring hours are not to exceed state requirement.

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

Date	Hours From/To	Description/Purpose	Rate	Total

Vendor must sign this form. This is to certify that 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 _____

Asst. Supt. of Business _____ Date: _____