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.)

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<th>Hours From/To</th>
<th>Description/Purpose</th>
<th>Rate</th>
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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: ________________