LAFAYETTE CENTRAL SCHOOL

DISTRICT OFFICE 5955 Route 20 West LaFayette, New York 13084

CLAIM

(Invoice)

Pay To The Order Of:	DATE	
NAME	VENDOR NO.	
ADDRESS	BUDGET CODE	

SOCIAL SECURITY NUMBER

Detailed invoices MUST be attached. Certificates MUST be signed

Date	Description of Items/Service	Units	Unit Price	Amount
•		Total*		\$.

This is to certify that material and/or services charged and included in the above claim have been actually performed for, furnished and/or delivered to LAFAYETTE CENTRAL SCHOOL, that the charges therefore are true and just, and that no payments have been made therefore except as included therein.

Signature

MUST BE SIGNED

ADMINISTRATOR APPROVAL

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

Signature of Administrator Approval

Signature of Purchasing Official

* Some sales tax may not be reimbursed by the district.

Date

Date

Date