



CLAIM FORM

DUNDEE CENTRAL SCHOOL DISTRICT
55 WATER STREET ~DUNDEE, NY 14837
Phone (607) 243-5533 ~ Fax (607) 243-7912

DATE

VENDOR NAME

VENDOR ADDRESS

CITY

STATE

ZIP CODE

QTY	DESCRIPTION	UNIT PRICE	ACCOUNT CODE	TOTAL

VENDOR SIGNATURE _____

SOCIAL SECURITY NUMBER _____

PURCHASING AGENT CERTIFICATION

I hereby certify that the above claim for payment has been rendered in accordance with the respective contract, agreement, or order and that the claim is for work completed or goods delivered and received in satisfactory condition.

Purchasing Agent Signature

Date

INTERNAL CLAIMS AUDITOR APPROVAL

I have audited the above claim for payment and authorize payment based on review of supporting documentation.

Internal Claims Auditor Signature

Date