

Mechanicville City School District
25 Kniskern Avenue
Mechanicville, NY 12118

Vendor Claim Form

PURCHASED FROM:

NAME: _____

STREET: _____

CITY/STATE/ZIP: _____

SOCIAL SECURITY NUMBER OR TAX ID#: _____

PHONE NUMBER: _____

Form to be used ONLY when a Purchase Order is not judged practical by Purchasing Agent.

<u>DATE</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>

TOTAL: _____

Vendor must execute the following certification:

This is to certify that the materials and services charged in the above account or claim and included in the same amounting to \$ _____ have been actually furnished, delivered and performed to the Board of Education, Mechanicville, New York; that said claim is just due and unpaid and that there are no offsets against the same; that the items and specifications are correct; that the same charged are reasonable and just; that no payment has been made on account thereof, except as included or referred to in such account or claim.

CODE DISTRIBUTION

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

X _____
Purchasing Agent

X _____
Claimant Signature

X _____
Accounts Payable

X _____
Internal Auditor