

Camden Central School District
 51 Third Street, Camden, New York 13316
 Telephone: 315-245-1024

CLAIM FORM

TO BE COMPLETED BY VENDOR

Name of Vendor _____

Delivered to _____

Address of Vendor _____

Delivery Date _____

Quantity	Unit	Description	Unit Price	Net Amount
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Total To Be Paid:

This is to certify that the work, labor, services, materials and supplies charged in the above have been actually performed for, furnished and/or delivered to the Camden Central School District, Camden, New York: that said claim is just, due and unpaid and that there are no offsets against the same: that the items and specifications therein are correct; that the sums charged are reasonable and just; that no payment has been made on account thereof, except as included or referred to in this claim.

Signature of Claimant or Corporation Officer	Title	Date
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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 the materials delivered satisfactorily.

Signature of Principal or Budget Center Manager	Date	Budget Account Number
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NOTE: All areas must be completed for authorization

Payment Authorization:

Assistant Superintendent for Business	Date	Vendor Number
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