

Peru Central School District
 17 School Street, PO Box 68
 Peru, New York 12972

Claim Form

All Items Must Be Completed By Individual or Vendor

Name of Individual or Vendor:
 Peru Employee#, SS# (Last Four):
 or Employer Identification#

Address of Individual or Vendor:

Quantity	Unit	Item Description	Unit Price	Net Amount	Account Code
Other Expense					
			Total Claim		

This is to certify that the work, labor, services, materials, and supplies charged in the above account or claim and included in same, amounting to _____ have been actually performed for, furnished and/or delivered to the Board of Education, Peru 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 such account or claim.

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Claimant's Printed Name

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Signature of Claimant

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Date

FOR ADMINISTRATIVE USE ONLY

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

Approved **Denied**

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Building Principal/Department Supervisor Signature

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Signature of District's Purchasing Agent

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Date