

## TULLY CENTRAL SCHOOLS CLAIM FORM

### INVOICE ACCOUNT DATA

**To:** Board of Education  
Tully Central Schools  
20 State St  
Tully, NY 13159

**Goods Received:** \_\_\_\_\_  
**Audited:** \_\_\_\_\_  
**Approved For Payment:** \_\_\_\_\_

**From:**  
**Address:**

**VENDOR #:**

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Detailed invoices should be attached and totals entered on this claim form. If unable to provide invoice **CERTIFICATE BELOW MUST BE SIGNED.**

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<u>DATE</u>	<u>INVOICE #</u>	<u>DESCRIPTION OF ITEM</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
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**CODING:**

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**VENDOR MUST SIGN THIS CERTIFICATE:** This is to certify that the materials and/or services charged and included in the above claim amount to \$\_\_\_\_\_ have been actually performed for, furnished and/or delivered to the above named BOARD OF EDUCATION. That the charges therefore are true and just, and that no payments have been made therefore except as included therein.

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_____	_____	<b>Dated:</b> _____
(Name of Vendor/Employee)	(Signature Vendor/Employee)	

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**Approval of School Official Originating Claim – 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 satisfactorily.**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Purchasing Official**