

**Hartford Central School**  
P.O. Box 79  
Hartford, New York 12838  
CLAIM FORM

~~~~~  
Name of Vendor: \_\_\_\_\_

Address: c/o Hartford CSD \_\_\_\_\_ Zip Code: 12838 \_\_\_\_\_

~~~~~

Date	Description	Amount	Total
------	-------------	--------	-------

~~~~~

\*Deduct any taxes from your receipts. Tax payments are not eligible for reimbursement.

**Budget Code:** \_\_\_\_\_

~~~~~  
This is to certify that the work, labor, services, material and/or supplies charged to the above account or claim and include in the same, amount to \$\_\_\_\_\_, and have been actually performed, furnished and/or delivered to the Board of Education, Hartford, NY, 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.

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Administrator/Department Supervisor  
Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date