Hartford Central School

P.O. Box 79 Hartford, New York 12838

CLAIM FORM

Name of Vendor:				
Address:		Zip Code:	Zip Code:	
Date	Description	Amount	Total	
		Budget Code	::	
include in the Board of Edu same; that the	tify that the work, labor, services same, amount to \$	s, material and/or supplies charged to the above, and have been actually performed, furnished an claim is just, due and unpaid and that there are not are correct; that the sums charged are reasonatept as included or referred to in such account or	account or claim and nd/or delivered to the no offsets against the able and just; that no	

Superintendent or Approval Authority

Date

Signature of Vendor