



P.O. Box 259 – Berlin, NY 12022  
 Telephone: (518) 658-2684 - Fax: (518) 658-3822

## CLAIM FORM

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Independent contractors must have a W-9 Form on file before payment will be made.**

Type of service provided (if applicable): \_\_\_\_\_

All charges below must have receipts (if applicable) attached for verification. With the exception of meal claims, the school district is not permitted to reimburse for New York State Sales Tax.

Submit claim form to supervisor for approval.

Date	Description	Budget Code	Amount
<b>Total</b>			<b>\$</b>

I certify that the materials and/or services included in this claim have been actually performed for, furnished and/or delivered to the Berlin Central School District.

**Claimant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

I certify that this claim has been rendered in accordance with the contract, agreement, accepted estimate, or policies in effect, and that the claim has been verified as true and correct.

Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Purchasing Agent: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_