



CARMEL CENTRAL SCHOOL DISTRICT VENDOR CLAIM FORM

Budget Code: _____

Vendor Name: _____ **Date:** _____

Address: _____

Date	Description of Claim for Payment	Amount
Total:		

Vendor: This is to certify that this claim is being made for services or materials actually provided for the Carmel Central School District and that the charges, therefore, are true and just, and that no payments have been made for this claim except as stated above.

Signature: _____

Date: _____

Administrator/Supervisor Verifying Claim: I hereby certify that this claim 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.

Signature: _____

Date: _____

Purchasing Official: This claim is approved for payment.

Signature: _____

Date: _____