

**MARGARETVILLE CENTRAL SCHOOL
MARGARETVILLE, NEW YORK 12455**

DATE SUBMITTED:

NAME (*PRINT*):

CLAIM FORM

ADDRESS:

GENERAL FUND

SOC. SEC. NUMBER:

Date of Service	Services Rendered	Amount

The undersigned claimant certifies that he/she is fully acquainted with the facts herein stated; that the said Claimant is the real party in interest; that the labor performed and materials furnished and the monies expended at the times and places in the manner specified therein, and that the prices charged therefore are the prices specified in the contract and if there is no contract thereof or, are the reasonable market prices therefore; that no previous claim has ever been presented for the work, materials or expenses or any part thereof has been paid.

Claimant Signature: _____

SERVICES RECEIVED AS STATED: _____ **TITLE:** _____

DATE: _____

PAYMENT APPROVED BY PURCHASING AGENT: _____

DATE: _____