

COOPERSTOWN CENTRAL SCHOOL  
Cooperstown, New York 13326  
Claim Form

To Be Filled in by Vendor:

Name of Vendor \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address of Vendor \_\_\_\_\_ Date \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Quantity	Unit	Description	Unit Price	Total

This is to certify that the work, labor, services, materials and supplies charged in the above account or claim and included in the same amounting \$\_\_\_\_\_ have been actually performed for, furnished and/or delivered to Board of Education, Cooperstown Central School, Cooperstown, NY; that said claim is just, due and unpaid and that there are no offsets against the same; that items and specifications therein are correct; that the sums charged reasonable and just; that no payment has been made on account thereof, except included or referred to in such account or claim.

\_\_\_\_\_  
Vendors Name

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

I hereby certify that this bill has been rendered in accordance with contract, agreement, or accepted estimate and that the work has been completed and the materials delivered satisfactorily.

\_\_\_\_\_  
Business Manager