PITTSFORD CENTRAL SCHOOL DISTRICT CLAIM FORM

Address:		Social Security #:	
YTITMAUC	DESCRIPTION	UNIT PRICE	AMOUNT
OTAL:			
services charged	Sign This Certificate – I here d and included in the above r delivered to the above na	claim have been actually	
Signature of Cla	imant		Date
Charge to Budg Vendor Number			(required)
See Attached: Approval of Sch rendered in acco	ool Official Originating Clair ordance with the contract, a as been completed and/or r	agreement, or accepted e	estimate, and
Signature of Pri	ncipal / Supervisor		Date
Signature of Pu	rchasing Agent		Date