

Hartford Central School
P.O. Box 79
Hartford, New York 12838
CLAIM FORM

~~~~~  
**Name of Vendor:**\_\_\_\_\_

**Address:** c/o Hartford CSD\_\_\_\_\_ **Zip Code:** 12838\_\_\_\_\_

~~~~~  

Date	Description	Amount	Total
-------------	--------------------	---------------	--------------


~~~~~

\*Deduct any taxes from your receipts. Tax payments are not eligible for reimbursement.

**Budget Code:**\_\_\_\_\_

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

Claimant's Signature

**Administrator/Department Supervisor
Approval**

Date

Superintendent's Signature

Date