

SALMON RIVER CENTRAL SCHOOL DISTRICT
Fort Covington, New York 12937
CLAIM FORM – SERVICES RENDERED

This is to certify that I, _____
(Name)

Social Security No. _____ have provided

the following services _____
(describe service)

on the following date(s): _____

for the amount of \$ _____

Date: _____ Signed _____

Address _____

Approved by: _____
(Building Principal / Director or Administrator)

FOR BUSINESS OFFICE USE ONLY

Amount _____ Code _____

Amount _____ Code _____

Amount _____ Code _____

Amount _____ Code _____

Authorized _____
(Purchasing Agent)