## Claim (Invoice)

**Board of Education Goshen**
**Central School District Goshen, New York 10924**
**Orange County**

**From:**
(NAME AND ADDRESS OF VENDOR)

**Billing Address:**

Detailed invoices may be attached, and totals entered on this claim form. Certificate below MUST BE SIGNED.

<table>
<thead>
<tr>
<th>Purchase Order No.</th>
<th>Invoice Number</th>
<th>Description of Items</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Checked Items Received By**
- **Prices and Extensions Checked By**
- **Approved and Coded By**
- **Audited for Payment**
- **Audit Comm.**

**Vendor Must Sign This Certificate:** This is to certify that the materials and/or services charged and included in the above claim amounting to $__________, have been actually performed for, furnished and/or delivered to the above-named BOARD OF EDUCATION; that the charges therefore are true and just, and that no payments have been made therefore except as included therein. That there are no federal or N.Y.S. taxes included.

_______  _______  _______  
(Name of Vendor)  (Signature of Claimant or Officer)  (Title)  

Date __________ , 19____