

Board of Education
Marathon Central School
P.O. Box 339
Marathon, New York 13803

CLAIM FORM

Name & address of claimant:

DETAILED INVOICES TO BE ATTACHED AND TOTAL DUE ENTERED ON THIS CLAIM FORM. Description of service/material/expense:

CERTIFICATION

This is to certify that the materials and/or services charged and included in the above, amounting to \$_____ have been performed, furnished and/or delivered to the above school district; that the charges therefore are true and just and that no payments have been made therefore except included.

Signature of Claimant: _____ Date: _____



APPROVAL BY SCHOOL OFFICIAL FOR PAYMENT

I hereby certify that the above services or materials were rendered or furnished to the school district and that the charges are correct.

Business Official/Superintendent: _____ Date: _____

Budget Code: _____