

Great Neck Union Free School District
345 Lakeville Road
Great Neck, N.Y. 11020

Vendor Name: _____ Date of Claim: _____

Remit address: _____ Delivered To: _____

City: _____ State: _____ Zip: _____

Detailed invoices may be attached and totals entered on this claim form. Certificate below MUST BE SIGNED
 Social Security Number Employer Identification Number

OR

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Invoice Number	Purchase Order No.	Description of items	Unit Price	Amount
Name of Conference: _____				
Date of Conference: _____				
		Registration Fee: _____		
		Total Other Expenses: _____ (itemized on attached Trip Expense Report)		
		Total: _____		

APPROVAL: _____
 Principal/Administrator Date

Vendor Must Sign This Certificate. This is to certify that the work, labor, services, materials and supplies charged in the above account or claim and included in the same, amounting to \$ _____, have been actually performed for, furnished and/or delivered to the Great Neck Union Free School District, Great Neck, N.Y., that said claim is just, due and unpaid and that there no offsets against the same: that the items and specification 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.

 (Name of Vendor) (Signature of Claimant) (Date)

 (Signature of Purchasing Official) Date