CLAIM (INVOICE)

VENDOR: #

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

Vendor Name:		I	Date of Claim:		
Remit address:		I	Delivered To:		
City:		State:	Zip:	_	
	iled invoices may be at il Security Number	tached and totals entered on this claim form. Certificate Employer OR — — —	below MUST BE SIGNED		
Invoice Number	Purchase Order No.	Description of items	Unit Price Amoun	t	
Name of Conferenc	e:				
Date of Conference	:				
		Registration Fee: Total Other Expenses: (itemized on attached Trip Expense Report) Total:			
APPROVAL:	ncipal/Adminis	trator Date			
	reipan/rummis	Tatol Bate			
against the same: that the	nd included in the same ck Union Free School items and specification		ly performed for, furnished and/or nd unpaid and that there no offsets		
(Name of Vendor)		(Signature of Claimant)	(Date)		
(Signature of Purchasing Official)		Date			