



CLAIM VOUCHER



Hadley-Luzerne Central School

PO Box 200, Lake Luzerne, NY 12846 PHONE# (518) 696-2112 x137 FAX (518) 696-5402

Claimant Please Print

Name _____

Address _____

City, State, ZIP _____

Social Security # _____

Telephone # _____

Purchase Order # _____

Date: _____

Vendor Number: _____

Code: _____

Our order number must appear on the outside of all packages. State of NY Department of Taxation and Finance Sales Tax Bureau: An Exempt Organization Certificate : A109-393-
 The undersigned hereby certifies that the organization named above is one described in section 1116 (a) (4) of the Tax Law and is exempt from State and local taxes under articles 28 and 29 of the Tax Law on all its purchases.

DELIVERY DATE

Hadley-Luzerne Central School
 PO Box 200, 27 Ben Rosa Park
 Lake Luzerne, NY 12846

QUANTITY	DESCRIPTION	Net Amount	(Vendor leaves blank)
	Account Code: _____		
	Principal: Please initial for verification _____		
		Total	
Must Be signed by firm representative before payment can be made.		Less Discount	
		Net Amount of Payment	

This is to certify that the materials and services in the above account or claim and included in the same amounting to \$ _____ have been actually performed for, furnished and/or delivered to the HLCS, PO Box 200, Lake Luzerne, NY 12846. That said claim is just, due and unpaid and that there are no offsets against the same: that the items and specifications are correct :no payment has been made on account thereof, that the sums charged are reasonable and just: that except as included to such account of claim.

Signature of
Claimant _____

Date: _____

Purchasing Agent
 I certify that the above claim is approved for payment

Date: _____