

**CLAIM FORM  
FALLSBURG CENTRAL SCHOOL DISTRICT**

TO BE FILLED IN BY VENDOR

Name: \_\_\_\_\_ SS.#: \_\_\_\_\_

Address: \_\_\_\_\_

Date	Hours	Description of Services	Rate	Amount

Under the Penalties of perjury, I certify that (1) The number shown above is my correct taxpayer identification number (or I am waiting for a number to be issued to me, and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) The IRS has notified me that I am no longer subject to backup withholding. If you are subject to backup withholding, please cross out clause (2).

This is to certify that the work, labor, services, materials and supplies charged in the above amount or claim and included in the same, amounting to \$ \_\_\_\_\_ has been actually performed for, furnished and/or delivered to the Board of Education, Fallsburg, New York; that said claim is just, due and unpaid and that there are no offsets against the same; that the items and specifications 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 of claim.

SIGNATURE OF CLAIMANT OR CORP. OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY  
APPROVAL OF OFFICER GIVING RISE TO CLAIM**

I hereby certify that this bill has been rendered in accordance with the contract agreement or accepted estimate and that the work has been completed and the materials delivered satisfactorily.

SIGNATURE OF PERSON WHOSE ACTION GAVE RISE OR ORIGIN TO CLAIM \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
BUDGET CODE