

**Cohoes City School District
Administration Offices
7 Bevan Street
Cohoes, New York 12047
Phone: 518-237-0100
Fax: 518-237-2912**

Claim Form For Goods and Services

Make Check Payable To
Name
Address
City, State & Zip

Date of Services	Description of Goods or Services	Quantity	Unit Cost	Total Cost
TOTAL				

*This is to certify that said claim is just, due and unpaid and that there are no offsets against the same; that the items are reasonable and just; that no payment has been made on account thereof, except as included or referred to in such account or claim.
(Please attached copies of receipts, canceled checks, etc.)*

_____ Account Code _____

_____	_____
<i>Signature Of Requisitioner</i>	<i>Date</i>
_____	_____
<i>Supervisor's Signature</i>	<i>Date</i>
_____	_____
<i>Purchasing Agent Signature</i>	<i>Date</i>

CHECK NUMBER _____ DATE _____