

CLAIM (INVOICE)

To: Board of Education  
Afton Central School  
29 Academy Street, P.O. Box 5  
Afton, New York 13730

From:

(name and address  
Of individual or company  
Requesting payment)

Date	Description of items or service	Unit Price	Amount

I certify that the materials or services listed above have been performed, furnished or delivered as indicated.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

Approval of School Official: I hereby certify that the materials have been  
Delivered or the services performed satisfactorily.

\_\_\_\_\_  
Signature of Afton Central School Official

\_\_\_\_\_  
Date