

## Vendor Claim Form 2018-19

Marlboro Central School District

Vendor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ School: \_\_\_\_\_

**NOTE:** Vendor claim forms will **only** be accepted for a **one week period**. Tutoring hours are not to exceed state requirement.

**(Use for security, physical therapy, and other contractual services. Detail must be completed and any supplemental material detailing expenses must be attached.)**

Date	Hours From/To	Description/Purpose	Rate	Total

Vendor must sign this form. This is to certify that services charged have been actually performed, furnished, and/or delivered to the school district and the charges are true and just, and that no prior payment has been made for these services.

Vendor Signature \_\_\_\_\_

Administrator/Director \_\_\_\_\_

Director of Business & Finance \_\_\_\_\_

Date: \_\_\_\_\_