

**WALLKILL CENTRAL SCHOOL DISTRICT**

**Mid-Hudson Teacher Center  
CLAIM FORM**

BOARD OF EDUCATION  
Walkkill Central School District  
Walkkill, New York 12589

✓ Social Security# \_\_\_\_\_

Federal ID # \_\_\_\_\_

**PLEASE PRINT**

**FAILURE TO INCLUDE SOCIAL SECURITY #  
OR FEDERAL IDENTIFICATION # ON THIS FORM  
MAY LEAD TO NON-PAYMENT OF CLAIM**

✓ Vendor/Payee: \_\_\_\_\_

✓ Address \_\_\_\_\_

Account Code \_\_\_\_\_

**DETAILED INVOICES MAY BE ATTACHED AND TOTAL ENTERED ON THIS FORM**

DATE	DESCRIPTION OF MATERIALS/SERVICES/MILEAGE	AMOUNT
✓	<b>Mid-Hudson Teacher Center Meeting Travel Reimbursement</b>	
✓	<b>From:</b>	
	<b>To:</b>	
✓	_____ miles @ \$.445/mile	

**TOTAL AMOUNT OF CLAIM**

**VENDOR MUST SIGN THIS CERTIFICATE:** *This is to certify that the materials and/or services charged and included in the above claim amounting to \_\_\_\_\_ therefore are true and just, and that no payments have been made therefore except as included herein.*

✓ \_\_\_\_\_  
Signature of Vendor/Payee

✓ \_\_\_\_\_  
Date

**APPROVAL OF SCHOOL OFFICIAL ORIGINATING 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/or the materials delivered satisfactorily.*

\_\_\_\_\_  
Ralph Flood, Director

\_\_\_\_\_  
Date

