



Pulaski Academy and Central School District

2 Hinman Road
Pulaski, NY 13142
P: 315.298.5188 | F: 315.298.4390

Claim Form

To:

For School District Use Only

| Fund Appropriation Code | Amount |
|-------------------------|--------|
| | |
| | |
| | |
| | |
| Total | |

| Quantity | Description | Unit Price | Total Amount |
|--|-------------|------------|--------------|
| | | | |
| <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p>I hereby certify that for the period _____ to _____, 100% of my time and effort was spent on: _____.</p> <p>(Title IIA 90% Reserve)</p> </div> | | | |

This copy must be signed and returned to the District Office.

This is to certify that services charged in the above claim in the amount of \$_____ have actually been performed and that charges are true and just and that no payment has been made except as included therein.

Signature of Claimant

Date

Signature of Administrator

Date

Signature of Business Manager

Date