



# 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

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