CLAIM (INVOICE) **VENDOR: #**_____

Great Neck Union Free School District

345 Lakeville Road
Great Neck, N.Y. 11020

Vendor Name:_____ **Date of Claim:** _____

Remit address: _____ **Delivered To:**_____

City:_____ **State:**_____ **Zip:**_____

Detailed invoices may be attached and totals entered on this claim form. Certificate below MUST BE SIGNED

Social Security Number **Employer Identification Number**

OR

Invoice Number	Purchase Order No.	Description of items	Unit Price	Amount

Vendor Must Sign This Certificate. This is to certify that the work, labor, services, materials and supplies charged in the above account or claim and included in the same, amounting to **$** _____, have been actually performed for, furnished and/or delivered to the Great Neck Union Free School District, Great Neck, N.Y., that said claim is just, due and unpaid and that there no offsets against the same: that the items and specification therein are correct that the sums charged are reasonable and just, that no payment has been made on account thereof, except as included or referred to in such account or claim.

_____ _____ _____

(Name of Vendor) **(Signature of Claimant or Officer)** **(Date)**

_____ _____

Signature of Purchasing Official **Date**