

**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 are 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