

CLAIM FORM FOR TUTORIAL SERVICES
BOARD OF EDUCATION
LITTLE FALLS CITY SCHOOL DISTRICT
15 PETRIE ST.
LITTLE FALLS, NY 13365

Vendor: _____ V# _____ Date: _____
 Address: _____

| Quantity | Unit | Description | Amount |
|----------|------|--|--------|
| | | Tutorial Services for: _____ Subjects Tutored: _____ Week Ending: _____ Date of Service: _____ Hours: _____ Date of Service: _____ Hours: _____ Date of Service: _____ Hours: _____ Date of Service: _____ Hours: _____ Date of Service: _____ Hours: _____ Total Hours of Service: _____ @ \$25.00 per hour | |
| | | Total Check | \$ |

This is to certify that the items of within claim are correct, that the disbursements and services charged therein have been, in fact, made or rendered and that no part of the amount claimed has been paid or satisfied ; that the labor charged for has been actually performed at the time and by the persons therein set forth; that the articles charged therein have been actually furnished and delivered to the person receipting therefore for the use and benefit of the Central School District of Little Falls at the time set forth; that the prices charged are the prices agreed upon or are the usual local current prices of labor, materials or articles of like character or quality; that the said bill is just and true in all respects and that no person is either directly or indirectly interested in the proceeds or profits of the within bill except the claimant herein named.

Vendors Name _____ Date _____
 Signature of Claimant _____

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 the materials delivered satisfactorily.

Date _____ Principal _____
 Date _____ Purchase Agent _____
 Date _____ Claims Auditor _____