



CLAIM VOUCHER



Hadley-Luzerne Central School

273 Lake Avenue, PO Box 200, Lake Luzerne, NY 12846 PHONE# (518) 696-2112 x137 FAX (518) 734-0726

Claimant Please Print

Name _____

Address _____

City, State, ZIP _____

Social Security # _____

Telephone # _____

Have you been fingerprinted? Yes or No (circle one)

(NYS Ed. Law 30.35 states that officials can not officiate more than 5 games without being fingerprinted.)

Purchase Order # _____

Date: _____

Vendor Number: _____

Code: A2855.400.

Our order number must appear on the outside of all packages. State of NY Department of Taxation and Finance Sales Tax Bureau: An Exempt Organization Certificate : A109-393-
 The undersigned hereby certifies that the organization named above is one described in section 1116 (a) (4) of the Tax Law and is exempt from State and local taxes under articles 28 and 29 of the Tax Law on all its purchases.

DELIVERY DATE

Hadley-Luzerne Central School
 PO Box 200, 27 Ben Rosa Park
 Lake Luzerne, NY 12846

QUANTITY	DESCRIPTION	Net Amount	(Vendor leaves blank)
	Hadley-Luzerne VS _____ Please indicate event, sport , & level _____ / _____ / _____ Official Fees: _____ Travel Fees: _____ Officials: Please fill in all information and date, sign name where indicated below ***** Coach : Please initial for verification _____ Athletic Director: Please initial for verification _____		
		Total	
Must Be signed by firm representative before payment can be made.		Less Discount	
		Net Amount of Payment	

This is to certify that the materials and services in the above account or claim and included in the same amounting to \$ _____ have been actually performed for, furnished and/or delivered to the HLCS, PO Box 200, Lake Luzerne, NY 12846. That said claim is just, due and unpaid and that there are no offsets against the same: that the items and specifications are correct :no payment has been made on account thereof, that the sums charged are reasonable and just: that except as included to such account of claim.

Signature of Claimant _____

Date: _____

Purchasing Agent
 I certify that the above claim is approved for payment

Date: _____