



# CLAIM VOUCHER



## Hadley-Luzerne Central School

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 # \_\_\_\_\_

Purchase Order # \_\_\_\_\_

Date: \_\_\_\_\_

Vendor Number: \_\_\_\_\_

Code: \_\_\_\_\_

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) |
|--|--|-----------------------|-----------------------|
|  | Account Code: _____                              |                       |                       |
|  | Principal: Please initial for verification _____ |                       |                       |
|  |  | Total                 |                       |
|  |  | Less Discount         |                       |
|  |  | Net Amount of Payment |                       |
| <b>Must Be signed by firm representative before payment can be made.</b> |  |                       |                       |

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:** \_\_\_\_\_