

SHARON SPRINGS CENTRAL SCHOOL
P.O. BOX 218
SHARON SPRINGS, NY 13459
518-284-2267

SCHOOL PERSONNEL
CLAIM FORM

Date _____

Name _____

Social Security Number _____

Address _____

DATE	DESCRIPTION OF EXPENDITURE	UNIT EXPENDITURE	TOTAL AMOUNT	CODE

This is to certify that said claim is just, due, and unpaid and that there are no offsets against the claim, that the items are reasonable and just, that no payment has been made on account thereof; except as included or referred to in such account or claim.

Signature of Claimant

Date

Signature of Officer Approving Claim

Date