



VENDOR'S CLAIM
Madison-Oneida BOCES
4937 Spring Road - P O Box 168
Verona, NY 13478

Name _____ Social Security # _____

Address: _____

Telephone Number: () _____

Date	Quantity	Description	Unit Price	Amount

I _____, hereby certify as, or on behalf of, above named claimant, that the herein-described materials have been properly delivered, or the above-mentioned services have been truly rendered, and that the charges therefore represent true and just charges for the materials and/or services so provided.

Claimant: _____ Date: _____
Signature

I hereby certify the above articles or services were received in good repair.

_____ Signed: _____
Budget Code Purchasing Agent