CLAIM FORM

NYSPHSAA - SECTION 7

NOTE: Bill Each Purchase Order Separately ALL ITEMS MUST BE FILLED IN BY VENDOR _____ TO BE FILLED IN BY VENDOR Name of Vendor: Deliver to: Address of Vendor: Delivery Date: Phone: ______ **QUANTITY UNIT** DESCRIPTION **UNIT PRICE NET PRICE Send completed form to:** Matthew Walentuk, Section VII Executive Director BOCES MAIL: CVES Instructional Services Center (ISC) USPS: Champlain Valley Educational Services PO Box 455 Plattsburgh, NY 12901 walentuk_matt@cves.org EMAIL: ______ This is to certify that the work, labor, services, materials and supplies charged in the above account or claim and included in same, amounting to have been actually performed for, furnished and/or delivered to Section 7 of NYSPHSAA, that said claim is just, due and unpaid and that there are no offsets against the same; that the items and specifications therein are correct; that the sums charged are reasonable and just; that no payment has been made on account thereof, except as included or referred to in such account or claim. Vendor Name (Print) Signature of Claimant Date FOR USE BY NYSPHSAA SECTION 7 ONLY 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. Section 7 Representative Date