

**ICHABOD CRANE CENTRAL SCHOOL  
PO BOX 820  
VALATIE, NY 12184**

**CO-7**

Vendor  
Number

<b>PURCHASE ORDER/ CLAIM NUMBER</b>

**PAYMENT AUTHORIZATION FORM**

VENDOR:  
ADDRESS:

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**Type of Payment:**

- Vendor Claim
- Prepayment/Advance Payment
- Partial

QUANTITY	DESCRIPTION	UNIT PRICE	NET AMOUNT	Fund	BUDGET CODE
		<b>TOTAL</b>	\$ -		

<b>VENDOR</b>	<p>This is to certify that the materials and / or Services charged in the above account or claim and included in the same, amounting to \$ _____, have been actually performed, furnished and/ delivered to _____, _____, New York; 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.</p> <p align="center">_____ Signature of Claimant Or Corp. Officer</p> <p align="right">_____ Date</p>	<b>EMPLOYEE ATTESTATION OF CLAIM</b>
		<p>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 / or the materials delivered satisfactorily</p> <p>Employee Signature _____ Date _____</p> <p>Purchasing Agent Approval _____ Date _____</p>