

Bolivar-Richburg Central School

100 School Street

Bolivar, NY 14715

585-928-2561

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Invoice Number or Description	Net Amount	Budget Code (Business Office Use Only)

This is to certify that the work, labor, services, materials, and monies charged in the above account claim and included in the same, amounting to \$\_\_\_\_\_, have been actually performed for, furnished by, and/or delivered to the Board of Education, Bolivar, NY; and that said claim is just, due, 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

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

**For Business Office Use Only**

I hereby verify this bill for payment.

Purchasing Agent \_\_\_\_\_