

# CLAIM FORM

GLOVERSVILLE ENLARGED SCHOOL DISTRICT  
234 LINCOLN STREET  
GLOVERSVILLE, NY 12078  
518-775-5611

VENDOR NO:

**TO BE FILLED IN BY VENDOR:**

|                          |                        |
|--------------------------|------------------------|
| PURCHASE ORDER NUMBER:   | NAME:                  |
| VENDOR'S INVOICE NUMBER: | ADDRESS:               |
| INVOICE DATE:            | ADDRESS:               |
|                          | CITY, STATE, ZIP CODE: |

TOTAL: \$ \_\_\_\_\_

\_\_\_\_\_  
VENDOR'S SIGNATURE

\_\_\_\_\_  
APPROVAL'S SIGNATURE