

Pine Valley Central School
7755 Route 83
South Dayton, NY 14138

Address: _____

(Treasurer)

Date	Description of Service(s)	Amount
TOTAL		

I certify that the above account in the amount of \$ _____ is true and correct; that the items and disbursements charged were removed to or for the school district on the dates stated; that no part has been paid or satisfied; that taxes from which the school district is exempt (except for out-of-state travel expenses) are not included in; and that the amount claimed is actually due.



Claimant: _____ **Date:** _____

Signature of Administrator: _____ **Date:** _____

Signature to Release: _____ **Date:** _____

All claims must have an itemized, original receipt attached for each item for which you are seeking reimbursement. Please see Colleen in the Business Office for a tax exempt form prior to making any purchases. After all signatures are obtained, please return this form to Colleen Brunswick in the Business Office.