

**Burnt Hills-Ballston Lake CSD**

**PO Draft/Vendor Claim**

PO # \_\_\_\_\_

(Not a Purchase Order)

Vendor:

Date: _____	Fund: <u>A</u>	Trans. Code _____
Code: <u>2855-160-90-9600</u>	Amt. _____	
Code: _____	Amt. _____	
Code: _____	Amt. _____	
Vendor# _____	<b>Total</b> _____	
Invoice # _____		

Ship to:  
 Burnt Hills-Ballston Lake High School  
 Attn: Joe Scalise, Athletic Director  
 88 Lakehill Road  
 Burnt Hills, NY 12027  
 Ordered for:

Quantity or Unit		Unit Price	Total
	<p><b>OFFICIALS PLEASE NOTE:</b></p> <p><b>ALL FORMS MUST INCLUDE:</b></p> <p><b>NAME, PHYSICAL ADDRESS, &amp; SIGNATURE*</b></p> <p><b><u>Incomplete forms will result in a delay of your payment</u></b></p> <p><i>If you are a new official with Burnt Hills, please make sure to complete a W-9 form. You can access this form on the BH-BL CSD website under Staff Only</i></p> <p align="center">BOYS _____ GIRLS _____</p> <p>SPORT: _____</p> <p>LEVEL: V _____ JV _____ FR _____ MOD _____</p> <p>DATE: _____</p> <p>OPPONENT: _____</p>		
	<b>Total</b>		

PO Draft Signatures:

\_\_\_\_\_  
 Approved Program Director or Principal

\_\_\_\_\_  
 Approved School Business Administrator

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I hereby certify that the above is a true and accurate claim. All services have been rendered and all merchandise delivered. No considerations have been made other than those shown above.

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\_\_\_\_\_  
**Signature of Vendor or Legal Agent**