Burnt Hills-Ballston Lake CSD

PO Draft/Vendor Claim **PO #_____**

(Not a Purchase Order)

Vendor:

Date: _____ Fund: _____ Trans. Code _____

Code: _____ Amt. _____

Ship to:

Code: _____ Amt._____

Code: _____ Amt. _____

Vendor# _____ **Total** _____

Ordered for:

Invoice # _____

Quantity or Unit		Unit Price	Total
	Shipping		
		Total	

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.

_____

Signature of Vendor or Legal Agent