

Burnt Hills-Ballston Lake CSD

PO Draft/Vendor Claim

(Not a Purchase Order)

PO # _____

Vendor:

Ship to:

Attn:

Ordered for: **MILEAGE BANK BAG COURIER SERVICE**

Date: _____	Fund: <u>A</u>	Trans. Code _____
Code: <u>A2110-444-90-0600</u>	Amt. _____	
Code: _____	Amt. _____	
Code: _____	Amt. _____	
Vendor# _____	Total _____	
Invoice # _____		

Quantity or Unit		Unit Price	Total																																				
	<p>MILEAGE FOR BANK BAG PICKUP FROM ALL BURNT HILLS-BALLSTON LAKE SCHOOLS FOR THE MONTH OF: _____</p> <p>_____ DAYS X 10 MILES = _____ TOTAL MILES</p> <p>_____ TOTAL MILES X IRS REIMB RATE = _____ AMT DUE</p> <p>DATES:</p> <table border="1" style="margin-left: 40px; border-collapse: collapse;"> <tr> <td style="width:15%;"></td> <td style="width:15%; text-align:center;">MON</td> <td style="width:15%; text-align:center;">TUES</td> <td style="width:15%; text-align:center;">WEDS</td> <td style="width:15%; text-align:center;">THURS</td> <td style="width:15%; text-align:center;">FRI</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>EMPLOYEES TO BE PAID 10 MILES PER DAY ON THE DAYS THAT THE SERVICE IS PERFORMED</p>		MON	TUES	WEDS	THURS	FRI																																
	MON	TUES	WEDS	THURS	FRI																																		
	Total																																						

PO Draft Signatures:

Approved Program Director or Principal

Approved School Business Administrator

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.

Social Security #

Signature of Vendor or Legal Agent