



Binghamton City School District
 PO Box 2126, 164 Hawley Street
 Binghamton, NY 13902-2126

Check Request / Claim Form

Vendor No.

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MAKE CHECK PAYABLE TO:

Name:

Address:

Amount: \$

S.S. #: xxx-xx- [last 4 only]

REQUESTED BY:	DATE:
APPROVED BY:	DATE:
APPROVED BY:	DATE:

Budget Code(s) to be charged	Amount	

Refer to Req / PO #:	Travel Form Completed: Yes No
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REASON FOR EXPENDITURE:

AMOUNT

REASON FOR EXPENDITURE:	AMOUNT	

2022 Mileage Rate = .585 cents per mile		

This is to certify that the materials and services charged in the above account or claim amounting to \$ _____ have been actually furnished, delivered, and performed to the Board of Education, Binghamton, New York, that said claim is just, due and unpaid and that there are no offsets against the same, that the items and specifications are correct, that the sums charged are reasonable and just, that no payment has been made on account thereof, except as included or referred to in such account or claim.

Claimant Signature

Date

DATE REQUIRED:		AUDITED BY:	DATE: