CLAIM INVOICE

NORWICH CITY SCHOOL DISTRICT
89 MIDLAND DRIVE
NORWICH NY 13815
(607)334-1600

Payable to:	
Address:	

Account Code:	
Purchase Order #:	
Vendor #:	
Vendors Invoice #:	
Date:	

PLEASE
prepare separate bills for each purchase order

Date Delivered	Quantity	Description	Unit Price	Amount
			TOTAL	

VENDORS AFFIDAVIT	Approved for Payment	Goods / Services Received by:
I hereby certify that the above goods or services were furnished by me as per specifications **Signature of Vendor**		

Superintendent of Schools
Deputy Superintendent