

**GENERAL FUND**

MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT  
Centereach, L.I., N.Y. 11720

NO:    A   

NO:   0640  

If payment is to be made to an individual for services rendered, it is imperative that the person's home address and social security number be indicated in the space identified "for use by school district only", for income tax purposes.

NOTE: Bill each delivery separately

ACCOUNT NUMBER				DATE			ACCOUNTS PAYABLE NUMBER	PAYMENT	VENDOR NUMBER	CHECK NUMBER	INVOICE NUMBER	T C R O A D N E S
Function	Object	Loc.	Program	Mo.	Day	Yr.						

(FOR USE BY SCHOOL DISTRICT ONLY)

<p><b>(TO BE COMPLETED BY VENDOR)</b></p> <p>This is to certify that the work, labor, services, materials and supplies charged in the above account or claim and included in the same amounting to \$ _____ have been actually performed for, furnished and/or delivered to the Board of Education, Middle Country Central School District Centereach, N.Y.; that said claim is just, due and unpaid and that there are no offsets against the same, that the items and specifications therein 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.</p>	<p><b>THIS FORM MUST ACCOMPANY YOUR INVOICE</b></p>
<p>_____ Invoice No.</p>	<p>_____ Invoice Date</p>
<p>_____ Vendor's Name</p>	<p>_____ Terms</p>
	<p>_____ Date</p>
	<p>_____ Signature of Claimant or Corporation Officer</p>

**(FOR USE BY BOARD OF EDUCATION ONLY)**

I hereby certify that this bill has been rendered in accordance with the contract, agreement or accepted estimate and that the work has been completed and the materials delivered satisfactorily.

\_\_\_\_\_  
Signature of Department Supervisor

\_\_\_\_\_  
Date

Approval of Officer Giving Rise to Claim

\_\_\_\_\_  
Signature of Internal Auditor

\_\_\_\_\_  
Assistant Superintendent for Finance

# MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT AT CENTEREACH REQUEST FOR MILEAGE REIMBURSEMENT

For Month of \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Dates	Location		Odometer Mileage Reading		Total Miles	
	From	To	Beginning	Ending		

Authorized By: \_\_\_\_\_

Grand Total: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_