

KENDALL CENTRAL SCHOOL
BUSINESS OFFICE
KENDALL, NEW YORK 14476
585-659-8930 FAX 659-8939

CLAIM FORM

NAME _____ SOC SECURITY NO. _____ - _____ - _____

STREET _____

CITY _____ STATE _____ ZIP _____

1. SPECIFIC REASON FOR CLAIM _____

2. ALL DATES ON WHICH CLAIM OCCURRED _____

3. LOCATIONS WHERE CLAIM OCCURRED _____

4. PLEASE ATTACH TO THIS CLAIM FORM WRITTEN REPORT ON ALL CONFERENCES

5. EXPENSES AND FEES CLAIMED
\$ _____ A. TOTAL MILES _____ TIMES 51 CENTS PER MILE (January-June 2011) TOTAL MILES _____ TIMES 55.5 CENTS PER MILE (July 2011-present) ** MAPQUEST DIRECTIONS ARE REQUIRED FOR REIMBURSEMENT
\$ _____ B. PARKING FEES (PLEASE ATTACH ITEMIZED RECEIPTS)
\$ _____ C. TOLLS (PLEASE ATTACH ITEMIZED RECEIPTS)
\$ _____ D. MEALS (PLEASE ATTACH ITEMIZED RECEIPTS)
\$ _____ E. HOTEL/MOTEL ROOMS (PLEASE ATTACH ITEMIZED RECEIPTS)
F. OTHER EXPENSES (PLEASE DETAIL AND ATTACH ITEMIZED RECEIPTS)
\$ _____ (1) _____
\$ _____ (2) _____
\$ _____ (3) _____
\$ _____ G. FEES FOR SERVICES RENDERED (PLEASE EXPLAIN IN DETAIL) _____ _____
\$ _____ TOTAL CLAIM

This is to certify that;

- (a) the expenses, fees, services, materials, and supplies identified on this Claim Form have been incurred, furnished, performed, and delivered to the Kendall Central School District.
- (b) this Claim Form is just and due;
- (c) there are no offsets against this Claim; and
- (d) this Claim is unpaid as no other payment in part or whole has been previously made on this Claim.

SIGNATURE OF CLAIMANT

DATE

APPROVED BY: _____ TITLE: _____ DATE: _____