

**Burnt Hills-Ballston Lake CSD
PO Draft/Vendor Claim
(Not a Purchase Order)**

PO# _____

Vendor: Name and address:

| | | |
|--------------------------------|-------------------------|------------------|
| Date: _____ | Fund ^A _____ | Trans.Code _____ |
| Code: <u>A2855-160-90-9600</u> | Amt. _____ | |
| Code: _____ | Amt. _____ | |
| Code: _____ | Amt. _____ | |
| Vendor# _____ | Total \$7.00 | |
| Invoice# _____ | | |

Ship to: Burnt Hills Ballston Lake CSD
Senior High School
ATTN: ROBERT MC GUIRE
88 Lakehill Road
Ordered for: Burnt Hills, NY 12027

| Quantity or Unit | Description | Unit Price | Total |
|------------------|---|--------------|-------------|
| | <p>USE ONE FORM PER CONTEST</p> <p>THIS FORM IS TO BE USED ONLY FOR TRAVEL ALLOWANCE</p> <p>MAIL TO: ROBERT MC GUIRE at above address. All claims MUST be received by Mr. McGuire no later than June 1, 2010.</p> <p>CIRCLE ONE: BOYS GIRLS</p> <p>SPORT:</p> <p>LEVEL: (CIRCLE ONE) VARSITY JV FROSH MOD</p> <p>DATE OF COMPETITION:</p> <p>OPPONENT:</p> | | |
| | | Total | 7.00 |

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