

**Burnt Hills-Ballston Lake CSD**

**PO Draft/Vendor Claim**

PO# \_\_\_\_\_

(Not a Purchase Order)

Vendor: Name and address:

Date: _____	Fund <sup>A</sup> _____	Trans.Code _____
Code: <u>A2855-160-90-9600</u>	Amt. _____	
Code: _____	Amt. _____	
Code: _____	Amt. _____	
Vendor# _____	<b>Total</b> <u>\$3.00</u>	
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><b>****<u>THIS FORM IS TO BE USED ONLY FOR</u>  <u>RATE ADJUSTMENT</u>****</b></p> <p><b>MAIL TO: ROBERT MC GUIRE at above address.                  All claims MUST be received by Mr. McGuire                  no later than June 1, 2010.</b></p> <p><b>USE ONE FORM PER CONTEST</b></p> <p><b>CIRCLE ONE:      BOYS      GIRLS</b></p> <p><b>SPORT:</b></p> <p><b>LEVEL: (CIRCLE ONE) VARSITY JV FROSH MOD</b></p> <p><b>DATE OF COMPETITION:</b></p> <p><b>OPPONENT:</b></p>		
		<b>Total</b>	3.00

PO Draft Signatures:

\_\_\_\_\_  
 Approved Program Director or Principal

\_\_\_\_\_  
 Approved School Business Administrator

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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