

Minisink Valley Central School District

PO Box 217, Slate Hill, NY 10973
Telephone (845)355-5121 / Fax (845)355-5123

PAYROLL CLAIM FORM

TO BE COMPLETED BY EMPLOYEE

Name of EMPLOYEE		Delivered To	
Address of EMPLOYEE		Date	

Description of Service	
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Date(s) of Service	Quantity (Hours/Days)	Rate of Pay (Hourly/Daily)
		<u>Total Amount Claimed</u>
		\$

The Minisink Valley CSD issues Form 1099 to claimants/vendors receiving payments of \$600 or more annually. Claimants/vendors are advised to maintain a record, as all income is subject to federal and state income taxes.

<p>This is to certify that the work, labor, services, materials and supplies charged in the above have been actually performed for, furnished and/or delivered to the Minisink Valley Central School District Slate Hill, NY; that said claim is just, due and unpaid and there are no offsets against the same; that the items and specifications therein are correct at that the sums charged are reasonable and just; that no payment has been made on account thereof, except as included or referred in this claim.</p>		
<p>_____</p> <p>Signature of Employee</p>		<p>_____</p> <p>Date</p>
<p>_____</p> <p>Signature of Principal or Supervisor</p>	<p>_____</p> <p>Budget Account Number</p>	<p>_____</p> <p>Date</p>

<p>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. NOTE: ALL AREAS MUST BE COMPLETED BEFORE AUTHORIZATION OF PAYMENT CAN BE ISSUED.</p>	
<p>PAYMENT AUTHORIZATION:</p> <p>_____</p> <p>Assistant Superintendent of Business</p>	<p>_____</p> <p>Date</p>