

**CLAIM FOR PAYMENT**

Make check payable to:

Vendor/Name	_____
Address	_____
City/State/Zip	_____

Beacon City School District  
 10 Education Drive  
 Beacon, New York 12508  
 Telephone: (845) 838-6900  
 Fax: (845) 838-6905

Description	Amount				
For Conference Reimbursement: Approved conference form must be attached for payment Date of conference: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> Location: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> <b>Total miles traveled:</b> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>\$0.00</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>\$0.58</td></tr></table> For In-District travel attach approved travel log - Next Tab Other expenses (list individually): Original receipts required <span style="margin-left: 100px;">BRIDGE TOLL</span>			\$0.00	\$0.58	\$0.00
\$0.00					
\$0.58					

Account Code: \_\_\_\_\_

**Total:** \_\_\_\_\_

\_\_\_\_\_  
Requisitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Supervisor Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Purchasing Agent

\_\_\_\_\_  
Date