

Do not include items for different orders on the same claim.

ORIGINAL CLAIM

The Board of Education
 LONG BEACH CITY SCHOOL DISTRICT
 Long Beach, NY 11561



Date: _____

Pay to: _____

Purchase Order # _____
 School _____
 Budget Code A9089-801

Eyeglass Reimbursement

Amount

Please write name & address on lines above.
Please write reimbursement amount in the amount column for your Group.
Reimbursement amount can not exceed maximum amount for your group.

Reimbursable Items: Prescription eyeglasses Contacts Prescription sunglasses	Eye Exams are not Reimbursable Maximum for Group A is \$400.00 Maximum for Group B is \$400.00
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Accounting Input

eyeglasses \$ -

Input for Accounting Purpose only. Please Do Not write in the Area Above.

2 year cycle:	SY	2020-2021 / 2021-2022
		2022-2023 / 2023-2024
		2024-2025 / 2025-2026
		2026-2027 / 2027-2028
		2028-2029 / 2029-2030

CHECK # _____

DATE _____	Total	\$ -
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CLAIM MUST BE SIGNED IN THE LOWER LEFT CORNER

This is to certify that the materials and services charged in the above account or claim and included in the same, have been actually performed for, furnished and/or delivered to the Long Beach City School District, Long Beach, NY; that said claim is just, due and unpaid and that there are no offsets against the same; that the items and specifications are correct; that the sums charged are reasonable and just; that no payment has been on account thereof, except as included or referred to in such account or claim.

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.

Prepared By _____

 Administrator- Approval of Payment

 Purchasing Agent