

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Eyeglass Reimbursement</b>	Amount
<p><b>Please write name &amp; address on lines above.</b></p> <p><b>Please write reimbursement amount in the amount column for your Group.</b></p> <p><b>Reimbursement amount can not exceed maximum amount for your group.</b></p> <p><b>Reimbursable Items:</b>  Prescription eyeglasses  Contacts  Prescription sunglasses</p> <p style="text-align: right;"><b>Eye Exams are not Reimbursable</b>  <b>Maximum for Group C is \$400.00</b></p> <div style="border: 2px solid black; padding: 5px; text-align: center; margin: 10px 0;"> <h3>Accounting Input</h3> <p>eyeglasses    \$        -</p> </div> <p><small>Input for Accounting Purpose only. Please Do Not write in the Area Above.</small></p> <p>2 year cycle:                      SY                      2017-2018 / 2018-2019     2019-2020 / 2020-2021     2021-2022 / 2022-2023     2023-2024 / 2024-2025</p> <p><b>I certify that these eyeglasses/contacts are for my personal use.</b></p> <p><b>For Group C:</b>  Employee works 15+ hours per week      <u>Verified</u>  Maximum of 1 year of service:                              _____</p>	<p align="right"><b>Total</b></p> <p align="right">\$        -</p>

CHECK # \_\_\_\_\_

DATE \_\_\_\_\_

**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