

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**

### Accounting Input

eyeglasses \$ -

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

2 year cycle: SY 2016-2017 / 2017-2018  
2018-2019 / 2019-2020  
2020-2021 / 2021-2022  
2022-2023 / 2023-2024

I certify that these eyeglasses/contacts are for my personal use.

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

DATE \_\_\_\_\_

Total \$ -

### 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.

Administrator- Approval of Payment

Purchasing Agent

Prepared By \_\_\_\_\_