



SKANEATELES CENTRAL SCHOOLS



DISTRICT CLAIM FORM

CLAIMANT'S NAME _____

DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SEND TO: SKANEATELES CENTRAL SCHOOL DISTRICT
45 EAST ELIZABETH STREET
SKANEATELES, NEW YORK 13152

LIST OF EXPENSE CLAIMS:	AMOUNT
	\$
TOTAL	\$

CLAIMANT'S SIGNATURE _____

SUPERVISORS'S SIGNATURE _____

BUDGET CODE _____