

SUBSTITUTE CLAIM FORM

Board of Education of
 WHITEHALL CENTRAL SCHOOL DISTRICT
 PO BOX 29, BUCKLEY ROAD
 WHITEHALL, NY 12887-0029

SUBSTITUTE INFORMATION				
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Name:	
Address:	

Date	Half/Full Day	Name of Faculty Member Covered	Unit Price	Total
TOTALS:				

This is to certify that the materials and services charged in the above account or claim and included in the same, amounting to just, due and unpaid and that there are no offsets against the same; that the items and specifications are the correct; that the sums charged are reasonable and just; that no payment has been made on account thereof, except as included or referred to in such account or claim.

Substitute's Name (Print)	Signature of Substitute	Date
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WHITEHALL CENTRAL SCHOOL USE ONLY

I hereby certify that this bill has been rendered in accordance with the contract, agreement or estimate and that the work has been completed and the materials delivered satisfactorily.

Date:	Whitehall CSD Employee:
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