

VENDOR CLAIM FORM

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES, AND PAPERS.

DATE _____	NO. _____
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SOUTH BEND COMMUNITY SCHOOL CORPORATION

P.O. BOX 4186
 SOUTH BEND IN 46634-4186
 ATTN: ACCOUNTING DEPT,

PURCHASING DEPT
 TELEPHONE: (574) 283-8119
 FAX NUMBER: (574) 283-8078
 ACCOUNTING DEPT
 TELEPHONE: (574) 283-8086
 FAX NUMBER: (574) 283-8122

VENDOR

NO. _____

INVOICE

SHIP TO

(ALL BILLING TO ABOVE ADDRESS)

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL

The undersigned agrees by accepting this Purchase order that it is a condition of doing business with South Bend Community School Corporation that the undersigned may not discriminate against any employee or applicant for employment with regard to any of the terms and conditions of employment and shall not in any other manner discriminate against any person on the basis of race, creed, color, sex, national origin, age or handicap and further, that the undersigned shall comply with all Procedures adopted by South Bend Community in order to Implement its policies with regard to discrimination against persons.

I hereby certify that the above is true and correct that the same was ordered by the SBCSC and the supplies and materials therein enumerated have been certified as received by an employee of the SBCSC except _____

SIGNED _____ DATE _____
DEPUTY TREASURER

VENDOR

I hereby certify that the foregoing account is just and correct, amount claimed is legally due, after allowing all just credits, and no part of the same has been paid.

SIGN HERE _____ DATE _____
 TITLE _____

FUND	ACCOUNT NO.	AMOUNT
TOTAL		