

**SOUTH BEND COMMUNITY SCHOOL CORPORATION**

635 SOUTH MAIN STREET • SOUTH BEND, INDIANA 46623  
 TELEPHONE: (219) 234-8141

**PURCHASE ORDER No.**

THIS ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES AND CLAIM FORMS.

**PURCHASE ORDER DATE:**  
**VENDOR NO.:**

# CREDIT MEMO

**REMIT TO**

**CLAIM No.**

A CLAIM TO BE PROPERLY ITEMIZED, MUST SHOW KIND OF SERVICE, WHERE PERFORMED, DATES SERVICE RENDERED, BY WHOM, RATE PER DAY, NUMBER OF HOURS, RATE PER HOUR, PRICE PER FOOT, PER YARD, PER HUNDRED, PER LB. PER TON ETC.

VENDOR'S INVOICE DATE	TERMS	VENDOR'S INVOICE NO.	DISTRIBUTION	ACCOUNTING CODE
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ITEM	QUANTITY	UNIT MEAS.	STOCK NO.	ARTICLES AND DESCRIPTION	UNIT PRICE	PRICE TOTAL
<b>CLAIM</b>						


ADVISE YOUR BILLING DEPT. 

**THIS CLAIM FORM MUST BE ITEMIZED AND SIGNED**  
**RETURN TO: SOUTH BEND COMMUNITY SCHOOL CORPORATION WITH YOUR INVOICE IN TRIPLICATE**

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

Do not sign in this space

Audited By \_\_\_\_\_  
 Approved By \_\_\_\_\_  
 Purchasing \_\_\_\_\_

Date \_\_\_\_\_ 19\_\_\_\_  
 Sign Here  \_\_\_\_\_  
 Title \_\_\_\_\_