

CLAIM FORM

This claim form is to be used for reimbursement of supplies and materials and/or for payment for services rendered to the district. Please note that receipts must be attached for reimbursement for purchase of supplies & materials for payment of services rendered.

Name: _____

Address: _____

Date	Description of Expenditure	Amount Expended

Total Amount Expended: _____

Account Codes to be charged: _____

This is to certify that said claim is just, due, and unpaid and that there are no offsets against the same; that the items are reasonable and just; that no payment has been made on account thereof, except and included or referred to in such account or claim.

Signature of Claimant

Date

Administrator's Signature

Date