

RAVENA-COEYMANS-SELKIRK CENTRAL SCHOOL

Claim Form

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

Name: _____ Building: _____

Address: _____

Please submit to Superintendent's Office. The claim form **will be returned** to applicant if not filled out correctly.

DATE	DETAILED DESCRIPTION OF EXPENDITURE (CHECK OFF AND EXPLAIN)	EXACT AMOUNT
	<input type="checkbox"/> Extra Duty (Specify activity)	
	<input type="checkbox"/> Home \$39 <input type="checkbox"/> Away \$47	
	<input type="checkbox"/> Supplies (itemized list plus receipts)	
	<input type="checkbox"/> Food (attach receipt)	
	<input type="checkbox"/> Other (consulting, etc)	
	<u>Exact Time</u> Detention (\$20.00 per hour)	
	From To	
	_____ _____	
	<u>Exact Time</u> Review Classes (\$25.00 per hour)	
	From To	
	_____ _____	
TOTAL AMOUNT EXPENDED (FOR OFFICE USE)		
ACCOUNT CODE TO BE CHARGED		

Signature of Claimant

Date

Building Principal

Date

District Administrator

Date