

CLAIM FOR PAYMENT

No. _____

SCHOOL EXTRA-CURRICULAR ACCOUNT

Paid by Check Date _____, 19____

No. _____ Date _____, 19____

Purchased From _____

Address _____

Purchased for _____

Delivered to _____

Invoice handed to _____

To the Disbursing Officer:

The following expense is incurred, payable from the School Extra-Curricular Account and chargeable to the

Fund _____

No payment is to be made for the items on this claim unless this form is properly filed and the items received.

Quantity	Description	Unit	Price	Total
				\$
Total				

Priced O.K.
Items received O.K.
except as noted.

Signed _____

Claimant _____

Approved for payment _____

Sponsor _____

Date _____, 19_____