

REIMBURSEMENT CLAIM FORM
RECEIPTS MUST BE ATTACHED TO CLAIM FORM

CLAIMANT NAME: _____

ADDRESS: _____

QUANTITY	ITEMS PURCHASED	COST	TOTAL

CLAIMANT MUST SIGN: This is to certify that the materials charged and included in the above claim have been actually purchased by and for the claimant; that the charges are therefore true and just and that no payments have been made therefore except as included herein.

CLAIMANT SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

PURCHASING OFFICIAL: _____ DATE: _____
(Superintendent)

OFFICE USE ONLY	
ACCOUNT CODE:	
ALLOWANCE AMOUNT:	
AMOUNT PAID:	
BALANCE:	
TREASURER'S APPROVAL:	