

CHECK REQUEST/CLAIM FORM

To: Independent School District #578
 1400 Sixth Street South
 Pine City, Minnesota 55063

Claimant _____
 Address _____

Date _____

Receipts must be attached for claims of reimbursement for purchased items

DESCRIPTION	AMOUNT
TOTAL	

I declare under the penalty of law that this amount, claim or demand is just and correct and that no part of this has been paid.

 Claimant or Agent of the Claimant

 SS # (If Claimant is not a business or an employee of ISD #578)

 Approval

Budget # _____	Amt _____
Budget # _____	Amt _____
Budget # _____	Amt _____