

CLAIM FOR PAYMENT

Make check payable to:

Vendor/Name	_____
Address	_____
City/State/Zip	_____

Description	Amount
<p>For Conference Reimbursement:</p> <p>Approved conference form must be attached for payment</p> <p>Date of conference: _____ Location: _____</p> <p>Total miles traveled: _____ 57.5 cents per mile For In-District travel attach approved travel log 2020 IRS rate</p> <p>Original receipts required. Please list other expenses individually.</p>	
Total:	

Account Code: _____

Requisitioner

Date

Principal / Supervisor Approval

Date

Purchasing Agent

Date