CLAIM FOR PAYMENT

| Make check paya | ble to: | | | |
|--|--------------|-------------------------------------|---|--------|
| Vendor/Name | | | | |
| Address | | | | |
| City/State/Zip | | | | |
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| | | | | |
| | | Description | 1 | Amount |
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| For Conference Reimbursement: | | | | |
| Approved conference form must be attached for payment | | | | |
| Date of conference | e: | Location: | | |
| Total miles travele | d: | .56 cents per mile 2021 IRS rate | For In-District travel attach approved travel log | |
| Original receipts required. Please list other expenses individually. | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Total: | |
| | | | | |
| Account Cod | le: | | | |
| | Requisitione | r | Date | |
| Principal / Supervisor Approval Date | | | | |
| | | | | |

Date

Purchasing Agent