

# CLAIM FOR PAYMENT

Make check payable to:

Vendor/Name	
Address	
City/State/Zip	

Description	Amount
For Conference Reimbursement: Approved conference form must be attached for payment Date of conference: _____ Location: _____ Total miles traveled: _____ .67 cents per mile 2024 IRS rate For In-District travel attach approved travel log  Original receipts required. Please list other expenses individually.	
Total:	

Account Code: \_\_\_\_\_

\_\_\_\_\_  
Requisitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal / Supervisor Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Purchasing Agent

\_\_\_\_\_  
Date