

CLAIM FORM

White Sulphur Springs public Schools
School District #8
PO Box C
White Sulphur Springs, MT 59645

Date: _____

Account With: _____

SCHOOL USE ONLY

Code: _____

PO# _____

Invoice # _____

Date Approved: _____

Warrant # _____

Warrant Amount _____

Board Member Initial _____

Date	Item, Article & Description or Contracted Services	Amount

Claim Form must Have receipts attached:

Total:

Claimant Signature: _____

Approved by Administration: _____ Date _____

Reviewed by Superintendent: _____ Date _____