

**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:

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Claimant Signature: \_\_\_\_\_

Approved by Administration: \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by Superintendent: \_\_\_\_\_ Date \_\_\_\_\_