

CLAIM FOR PAYMENT

SCHOOL EXTRA-CURRICULAR ACCOUNT

NO:

PAID BY CHECK

DATE:

CHECK #:

CHECK DATE:

PURCHASED FROM:

ADDRESS:

PURCHASED FOR:

DELIVERED TO:

INVOICE HANDED TO: BOOKKEEPER

To the Disbursing Officer:

The following expense is proposed, payable from the Fund

No payment is to be made for this order until the SA-7 Forms is properly filed and the items have been received.

An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

| QUANTITY: | DESCRIPTION: | UNIT PRICE: | TOTAL: |
|-----------|--------------|-------------|--------|
| | | | |
| TOTAL | | | |

Approved for Payment: _____

Signature

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received except _____.

Date: _____ Signed: _____

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and I have audited same in accordance with IC 5-11-10-1.6.

Date: _____

Treasurer