

Outside District Claim Form

District: _____ Date: _____ Prepared By: _____ Contact Phone: _____		AUDITOR USE ONLY DEPT: _____ FILE NAME: _____		Outside District Claim Form	
PLEASE INDICATE CHECK DISTRIBUTION METHOD IN THE SPACE BELOW:		PROCESSOR USE ONLY			
CREDIT CARD: <input checked="" type="checkbox"/>	RETURN TO DISTRICT: _____	BATCH:			
CREDIT CARD AND POSTAGE: _____		Document Total:	\$320.00		
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THE ARTICLES FOR SERVICES DESCRIBED BY THE INVOICES ATTACHED AND LISTED BELOW WERE APPROVED AND ARE INCLUDED IN THE DISTRICT BUDGET THAT HAS BEEN ADOPTED BY THE BOARD OF DIRECTORS AND WERE NECESSARY FOR USE BY THE DISTRICT AND HAVE BEEN DELIVERED OR PERFORMED AND NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICES. I FURTHER CERTIFY I AM AUTHORIZED BY THE BOARD OF DIRECTORS TO APPROVE PAYMENT REQUESTS TO THE AUDITOR-CONTROLLER FOR THE ATTACHED INVOICES.

Authorizing signatures:

[illegible][illegible]