

White: Return signed with receipt for payment
Yellow: Vendor Copy

CLAIM VOUCHER SCHOOL DISTRICT NO. 7

Tax Exempt #49761

P.O. Box 470
Upton, WY 82730
Phone: 307-468-2361

Date: _____

NAME: _____

ADDRESS: _____

All claims must be dated, itemized, and sworn to. Receipts and invoices, to substantiate claim must be attached. On trips, for meals and rooms, you must show who, the number of persons, and reason. Mileage must show the number of miles traveled, date, destination and reason for trip.

QUANTITY	DESCRIPTION	AMOUNT

TOTAL AMOUNT OF CLAIM _____

I certify, under penalty of perjury, that this voucher and the items included therein for payment are correct and just in all respects.

SIGNATURE OF CLAIMANT

Purpose for which drawn:

FUND: _____

A/C NO. AMOUNT

ADMIN. APPROVAL: _____

PAID BY WARRANT NO. _____

DATED: _____
