MARTIN COUNTY WEST SCHOOLS

Expense Claim/Check Request Form

CHECK PAYABLE TO: _____

Address: _____

_____

Please check one of the following:

☐ Please mail check

☐ Please return to me

DATE (expense incurred or date of check request)	DETAILED DESCRIPTION	AMOUNT

I declare under the penalties of law that this account, claim, or demand is just and correct, that no part of it has been paid, and complies with school district policy.

Signed: _____

Date: _____

Approved:

_____ _____

Principal/Supt/Supervisor Date

Code Number (required before a check is made)

_____ _____ _____ _____ _____ _____

Department

_____