

ISD #318 - Miscellaneous Expense Claim

Form C-6
Revised 2/23/2021
ISD #318

Pay To: Name and Address

Expense Code	Amount
Total:	

Are you an employee of ISD #318? (This includes substitutes, coaches, game workers, etc.)	Yes	No
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TYPE OF EXPENSE - Itemize when appropriate	AMOUNT
Total Amount Claimed:	

Note: If the expense claimed falls under the classification of salary reimbursement, a form W-9 is required 1 time only. If this is the first claim you have submitted for payment, please attached the completed form W-9.

I declare under the penalties of law that this claim is just and correct and that no part of it has been paid previously.

Signature of Claimant

Date

APPROVALS FOR THIS CLAIM:

Signature of Principal/Athletic Director/Other

Date

Signature of District Administrator

Date

<p>ASSIGNMENT: For a consideration, I have hereby assigned the above payment to be paid to:</p> <p>Signature of Claimant _____</p>
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