

Special Claim for Advance Payment

For payment of registrations, entry fees and other advance payments payable to schools, institutions, conferences, seminars, etc..

Pay To: Name and Address

Expense Code	Amount
Total:	

Payment Requested by: (Employee Name)	School or Dept:	Date:
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Please attach a photocopy of the registration form.	
Names of Participants:	Event:
	Event Location:
	Dates of Event: From: To:
	Total Amount of Payment:
	Date Payment is Due:

Instructions to Employee on Remittance of Check.
 Please indicate below if you want the check mailed directly or returned to you.

Mail Check: Yes No

(If yes, please attach an addressed envelope if payment is to be mailed to an address other than the address referenced above.)

I have attached 2 copies of the registration form. Please send 1 copy with the payment: Yes No

OR

Return to: (Name of the employee the check should be returned to.)

Approvals For This Claim:

Signature of Principal/Athletic Director/Other	Date	Signature of District Administrator
		Date