

ISD #318 - Miscellaneous Expense Claim

Form C-6
Revised 2/19/14
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**

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 Date Date Date

ASSIGNMENT: For a consideration, I have hereby assigned the above payment to be paid to:

Signature of Claimant _____