

MILLARD SCHOOL DISTRICT CLAIM FORM

Pay To: _____

Date: _____

Mailing Address: _____

DATE	DESCRIPTION	AMOUNT

I, _____
Whose foregoing claim is herewith rendered, say the
amount thereof, _____ is legally due, and
neither the whole nor any part of same has been paid.

Please complete the appropriate information

Social Security No. _____

Federal Tax No. _____

Code: _____

Claimant

Approved: _____