Clear Form

CLAIM IN FAVOR OF:

Board of Education
Cache County School District
2063 North 1200 East
North Logan, Utah 84341

Name _____

Street No. _____ Date _____ 20 _____

City _____ State _____

Zip _____

VENDOR NUMBER	

BUDGET CODE		

DISTRICT OFFICE USE ONLY

REFERRED TO _____

APPROVED BY _____

APPROVED BY _____

DATE		EXPLANATION	AMOUNT
		TOTAL AMOUNT	

I swear that the above claim is correct, and that no part thereof has been previously presented, allowed or paid.

_____
Signature of Person Submitting Claim

NO PAYMENT UNTIL PROPERLY SIGNED

I certify the above claim has been approved and hereby authorize payment.

_____
Business Administrator

CaCoSchDist-ClaimForm-BoE.indd