



CHATOM UNION SCHOOL DISTRICT
CLAIM FORM — REIMBURSEMENTS

Vendor # _____ Req.# _____ PO/PV# _____

NAME: _____

Address: _____

Date	Item/Mileage	Amount

Account # _____ Total : _____

Account# _____ Total : _____

Date _____ Signature _____

Expenditures Authorized and Approved by: _____
 Supervisor/Superintendent