

BILLINGS PUBLIC SCHOOLS
 BUSINESS OFFICE
 415 North 30th Street
 BILLINGS, MT 59101-1298

Vendor # _____

Pay to: _____

Address: _____

Date: _____

DIRECT PAY – CLAIM FORM

Date	Description	Amount
	Code:	
	Code:	
	TOTAL	

I certify that this claim is correct and just in all respects, and that payment or credit has not been received, and that the amount claimed is due and wholly unpaid.

Date _____ By _____

Approved By _____