

MT. PLEASANT CENTRAL SCHOOL DISTRICT  
THORNWOOD, NY 10594

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NON-EMPLOYEE CLAIM FORM

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Social Security Number (last four #'s)

\_\_\_\_\_  
Street

\_\_\_\_\_  
City/State/Zip

This claim form may be used for reimbursement of pre-approved school related expenses. Attach **ORIGINAL, DETAILED** receipts for expenses and invoices. Also, complete W-9 and attach to this form.

DESCRIPTION & DATE

BUDGET CODE

AMOUNT

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\_\_\_\_\_ **Date:** \_\_\_\_\_ **Total Due:** \_\_\_\_\_  
Signature

\_\_\_\_\_  
Appropriate Supervisor

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Purchasing Agent

(Color: Green)