MACCRAY SCHOOL
Independent School District #2180

CLAIM FORM

Pay to: _____

Claimant Name: _____

Address: _____

_____

DATE	DETAILED DESCRIPTION	Amount

The signatures/initials below certify that this claim is accurate and valid.

Claimant Signature: _____ Supervisor's Initials: _____

- For office use only -

Approved: _____
Superintendent Signature