

District Office 1640 Highway 2, Suite 200 Two Harbors, MN 55616-4017 Ph.: 218-834-8201 Fax: 218-834-8239 www.isd381.org Superintendent William Crandall

Date:

EXPENSE CLAIM/CHECK REQUEST FORM

All Check Requests require detailed receipts for payment. Contact Business Office with any questions.

Check Payable To:

Address:

Date (expense incurred)
Detailed Description
Amount

Image: Image

I declare, under the penalties of law, that this account, claim, or demand is just and correct, that no part of it has been paid and complies with school district policy.

Signed:

Date: _____

APPROVALS:

Account Code:

Principal/Supervisor:

Superintendent/Designee: