

# MILLARD SCHOOL DISTRICT CLAIM FORM

**Pay To:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

DATE	DESCRIPTION	AMOUNT

I, \_\_\_\_\_  
Whose foregoing claim is herewith rendered, say the  
amount thereof, \_\_\_\_\_ is legally due, and  
neither the whole nor any part of same has been paid.

**Please complete the appropriate information**

Social Security No. \_\_\_\_\_

Federal Tax No. \_\_\_\_\_

Code: \_\_\_\_\_

\_\_\_\_\_  
**Claimant**

Approved: \_\_\_\_\_