

**GARFIELD COUNTY SCHOOL DISTRICT  
CLAIM VOUCHER**

Date \_\_\_\_\_

I am requesting reimbursement/payment for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Amount \$ \_\_\_\_\_

I verify that the above claim is a legal claim and that no part of it has been paid to me previously.

Signed \_\_\_\_\_  
Claimant

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Social Security # \_\_\_\_\_

As Principal of \_\_\_\_\_ School I do certify that the above claim is approved  
by me for payment.

\_\_\_\_\_  
Principal

As representative for the Board of Education I do hereby certify that the above claim is a just claim and  
is approved by me for payment.

\_\_\_\_\_  
Superintendent

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

**\*\*Receipts must be attached for reimbursement**