

### Claim Form For Goods and Services

Make Check Payable To
Name
Address
City, State & Zip

Date of Services	Description of Goods or Services	Quantity	Unit Cost	Total Cost
<b>TOTAL</b>				

This is to certify that said claim is just, due and unpaid and that there are no offsets against the same; that the items are reasonable and just; that no payment has been made on account thereof, except as included or referred to in such account or claim.  
 (Please attached copies of receipts, canceled checks, etc.)

\_\_\_\_\_

Account Code

Signature Of Requisitioner	Date
Supervisor's Signature	Date
Purchasing Agent Signature	Date

CHECK NUMBER \_\_\_\_\_ DATE \_\_\_\_\_