

# ISD #319 - Miscellaneous Expense Claim

Form C-6  
Revised 9/4/18  
ISD #319

Pay To: Name and Address

Expense Code	Amount
Total:	

Are you an employee of ISD #319?  
(This includes substitutes, coaches, game workers, etc.)      ☐ Yes      ☐ No

TYPE OF EXPENSE - Itemize when appropriate	AMOUNT
Total Amount Claimed:	

**Note:** If the expense claimed falls under the classification of salary reimbursement, a form W-9 is required 1 time only. If this is the first claim you have submitted for payment, please attached the completed form W-9.

I declare under the penalties of law that this claim is just and correct and that no part of it has been paid previously.

Signature of Claimant

Date

### APPROVALS FOR THIS CLAIM:

Signature of Principal/Athletic Director/Other

Date

Signature of District Administrator

Date

**ASSIGNMENT:** For a consideration, I have hereby assigned the above payment to be paid to:

Signature of Claimant