_____PUBLIC SCHOOLS

NON-COMMERCIAL VENDORS CLAIM

This claim is to act as an original invoice for the goods or services provided by the individual or company listed below.

Name of individual: _____

Name of Company (if applicable):_____

Date(s) Goods or Services Provided: _____

Please provide detailed information regarding the goods or services provided:

_____
_____
_____
_____
_____
_____
_____

Amount of total invoice: _____

I hereby swear that the above listed goods or services were provided to _____ Public Schools on the dates as shown.

_____
Individual or Company Representative

I hereby affirm that the above goods or services were received by the District.

_____
School District Representative