

# STEWARTVILLE PUBLIC SCHOOLS

Independent School District No. 534  
301 2<sup>nd</sup> St SW  
Stewartville, MN 55976

## EXPENSE CLAIM/CHECK REQUEST FORM

**CHECK PAYABLE TO:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Please check one of the following:**

Please mail check  
Envelope included

Please return  
check to me

DATE <small>(expense incurred or date of check request)</small>	DETAILED DESCRIPTION	AMOUNT

I declare under the penalties of law that this account, claim, or demand is just and correct, that no part of it has been paid, and complies with school district policy.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Approved:

\_\_\_\_\_  
Principal/Supervisor Date

Code Number:

\_\_\_\_\_  
Business Office Approval Date

\_\_\_\_\_  
(Required to be completed before processing in the District Office)