Stewartville Public Schools

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 (expense incurred or date of check request)	DETAILED DESCRIPTION	AMOUNT
TOTAL		

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. Sales tax cannot be reimbursed.

Signed_____

Date_____

Approved:

_____

Principal/Supt/Supervisor Date

Code Number:

_____

(Required to be completed prior to submitting to the Business office)

Revised 7/1/26