

CLAIMS PAYMENT REQUEST (Short)

Batch # _____

From: _____
(District Name)

Date: _____

Vendor #	Invoice #	Invoice Date	Vendor Name	Description	Cost Center	Object Account	Payment Amount
TOTAL PAYMENT REQUEST							

I do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due, and unpaid obligation against the district. I am authorized to authenticate and certify to these claims. Materials backing up these claims will be retained by the district according to state law and are available to the public on request.

Signed, _____
Title

Board Authorization:

As the duly elected board for this district we have reviewed the claims listed above (including original backup materials) totaling \$ _____ for the period ending _____, 20 _____. We approve payment with our signatures below.

Commissioner Date Commissioner Date Commissioner Date

Note: It is the DISTRICTS' responsibility to maintain adequate, original, records to substantiate these claims.