

# STATEMENT

Payable to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Date	Description	Amount
	<b>TOTAL</b>	

PURPOSE	BUDGET INFORMATION
	Staff Travel
	Student Travel
	Other

I hereby certify that the above claim is correct and that the same has not been paid.

Approvals:

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Director