



Adrian Public School

PO Box 40
Adrian, MN 56110-0040

ADRIAN PUBLIC SCHOOL CLAIM AND VERIFICATION FORM ****Submit this form to your building Principal for approval****

PAYABLE TO _____
Address _____

<u>DATE</u>	<u>DESCRIPTION</u> **Expense to: (list department/activity--include this in the description below)	<u>AMOUNT</u>
		TOTAL

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

Signature _____ .

Authorized by Building Principal/(signature) _____ .