

MT. PLEASANT CENTRAL SCHOOL DISTRICT
THORNWOOD, NY 10594

NON-EMPLOYEE CLAIM FORM

Name (please print)

Social Security Number (last four #'s)

Street

City/State/Zip

This claim form may be used for reimbursement of pre-approved school related expenses. Attach **ORIGINAL, DETAILED** receipts for expenses and invoices. Also, complete W-9 and attach to this form.

DESCRIPTION & DATE

BUDGET CODE

AMOUNT

Signature

Date: _____

Total Due: _____

Appropriate Supervisor

Superintendent

Purchasing Agent

(Color: Green)