CREDIT CARD / VOUCHER CLAIMS

School District No. Two
Sweetwater County – 320 Monroe Avenue
Green River, Wyoming 82935 – (307) 872-5500

Name of claimant_____ Meeting / Activity_____

Students (#)_____ City / State_____

Adults (Names)_____ Dates_____ To_____

_____ Expenditure Code_____

Type of Expense:	Date:	Location:	Amount:
VOUCHERS:		(Vouchers are only to by used in conjunction with other school districts)	

Total Claim: $_____

Approval (Supervisor) _____

ALL RECEIPTS MUST BE ATTACHED

I hereby certify that the above account is true and correct.

Claimant_____

Date_____