

CHENEY PUBLIC SCHOOLS

12414 S. Andrus Rd.
Cheney, Washington 99004

BOARD OF DIRECTORS
CLAIM/EXPENSE VOUCHER

Board Member _____

Address _____

City/State/Zip _____

FOR PROGRAM USE ONLY	
Budget Code	Amount
9700-11-7000-003-12	
Program Director Signature	

Superintendent Approval _____

Please itemize all claims. Attach receipts for transportation and hotel/motel bills.		
DATE	ITEMS PURCHASED	AMOUNTS
TOTAL		\$

I hereby certify the above itemized account for claims and/or expenses amounting to

\$_____ is correct and that no part of same has been paid.

Date _____

Signature _____

(Claimant)