

**CLAIM FOR REIMBURSEMENT
NRHEG SCHOOL DISTRICT #2168**

PAY TO THE ORDER OF:

DATE: _____

<u>Date</u>	<u>Description</u>	<u>Acct Code</u>	<u>\$ Amount</u>
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Total \$ _____

Attach all pertinent receipts to the back of this form

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.

Claimant date Principal date Superintendent date

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