VERIFIED CLAIM

STUDENT ACTIVITY FUND - JACKSON COUNTY CENTRAL SCHOOLS

PO Box 119, JACKSON, MN 56143

PAY TO: _____ DATE: _____

_____

_____

_____

CHARGE TO: _____ BUILDING: HS MS PLSV RVS

DESCRIPTION: _____

_____

_____

_____

_____

AMOUNT: _____

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

Date Paid _____ Signed _____
(Treasurer)

Check Number: _____

_____
(Advisor)

_____
Superintendent