



216 E FOURTH STREET
PORT ANGELES WA 98362

REQUEST FOR REVOLVING CHECK OR WARRANT

Date: _____

Make Check Payable to:

Name: _____

Address: _____

Account Code _____

LIST OF EXPENSES AND/OR FEES (attach receipt)

AMOUNT \$

TOTAL AMOUNT INVOICED

\$ _____

I hereby certify under penalty of perjury
That this is a true and correct claim for
the necessary expenses incurred by me and
that no payment has been received by me
on account thereof.

This invoice is
approved for payment
by:

Signature

Port Angeles School
District No. 121