

CLAIM VOUCHER
Lincoln Public Schools
Lincoln Nebraska

Date _____

LINCOLN PUBLIC SCHOOLS ORDER NO.

VENDOR PLEASE NOTE:

1. Mail to: Lincoln Public Schools, Accounting Dept., P.O. Box 82889, Lincoln, NE 68501
2. Federal ID No. 47-600-3955, State ID No. 5-0618144

Name _____

Address _____

City/State _____ Zip Code _____

01.1310.41200. .002 (ELE)
 Account Number

SOCIAL SECURITY # OR FEDERAL I.D. # _____

YOUR INVOICE NO. _____

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
	Materials for Highly Gifted		

SIGN AND RETURN AT ONCE	F.O.B.	TERMS		TOTAL COST \$
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THIS CLAIM VOUCHER MUST BE SIGNED IN INK AND RETURNED BEFORE IT WILL BE CONSIDERED FOR PAYMENT.

THIS IS TO CERTIFY THAT THE ABOVE CLAIM IS A JUST, TRUE AND COMPLETE STATEMENT OF ABOVE CLAIMANT, AGAINST THE SCHOOL DISTRICT OF THE CITY OF LINCOLN, NEBRASKA, WITH ALL JUST CREDITS ALLOWED, AND THAT THE SAME IS UNPAID.

X _____
 (Claimant of Authorized Agent/Authorized Agent's Title)

Prices and Terms Correct: _____ Associate Superintendent for Business Affairs
 Audited and Passed for Payment

Auditor _____