	Outside District Claim Form										PLEASE INDICATE CHECK DISTRIBUTION METHOD IN THE SPACE BELOW:		PROCESSOR USE ONLY	
District:				AUDITOR USE ONLY										
Date:	,											US MAIL: Return to District:		BATCH:
Prepared By: Contact Phone:	•			DEPT: FILE NAME:								Call/Email for pickup: Document Total:		Entered by:
												\$332,699.82		
AUDITED BY: Date: Date:												Date:		
THE ARTICLES	THE ARTICLES FOR SERVICES DESCRIBED BY THE INVOICE(S) ATTACHED AND LISTED BELOW WERE APPROVED AND ARE INCLUDED IN THE DISTRICT BUDGET THAT HAS BEEN ADOPTED BY THE BOARD OF DIRECTORS AND WERE NECESSARY FOR USE BY THE DISTRICT AND HAVE BEEN DELIVERED OR PERFORMED THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICES. I FURTHER CERTIFY I AM AUTHORIZED BY THE BOARD OF DIRECTORS TO APPROVE PAYMENT REQUESTS TO THE AUDITOR-CONTROLLER FOR THE ATTACHED INVOICE(S).										MED AND			
Authorizing s	norizing signatures:										I			
ALWAYS 1	VENDOR	SUFFIX	Invoice Number (Limit 20)	AMOUNT	FILE NAME	DATE	ALWAYS 2	ORG	OBJECT	DESCRIPTION (LIMIT 50 CHARACTERS)	AMOUNT	VENDOR NAME	SINGLE CHECK	DOC:
1	235	1	042720	500.00	gwcsd052620	05/26/20	2	8011000	4100	Ins Policy # 1915579-19	500.00	State Compensation Insurance Fund	Y	
1	958	0	67962	2825.00	gwcsd052620	05/26/20	2	8011000	4100	General Liability Insurance 2020-21	2825.00	SDRMA	Y	
1	4946	0	328389	329374.82	gwcsd052620	05/26/20	2	8011000	4191	Asphalt overlay, striping, shoulder work, markers	329374.82	Doug Veerkamp General Engineering	Y	
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