

# CLAIM FORM

**Marion County Board of Education  
188 Winchester Drive  
Hamilton, AL 35570**

**Date;** \_\_\_\_\_

**In Account With**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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State of Alabama  
Marion County

Total: \$ \_\_\_\_\_

I hereby certify that the amount of the above claim is true and correct, and that no part of the same has been paid.

Signature \_\_\_\_\_

For Office Use :

Vendor # \_\_\_\_\_ ASN# \_\_\_\_\_ Cost Center: \_\_\_\_\_

Approved: \_\_\_\_\_