

**JOHNSON COUNTY CENTRAL PUBLIC SCHOOLS
FOUNDATION, INC.**

Tecumseh, Nebraska

Date: _____

Name, address, and telephone number of person or entity seeking payment:

Total amount of claim: _____

	Description (Attach itemized receipt or invoice)	Amount
	TOTAL	

The undersigned certifies that the above claim is true and correct, that the several articles mentioned in the above account are just and true, were furnished as therein charged, and that the amount is wholly unpaid.

SIGNATURE

Audited and allowed this _____ day of _____, 20____, and check ordered drawn.
