# EXPENSE REPORT

**NOTICE:** All claims against the Board of Education must be filed with the main office on or before the 25th day of the month or claim will be laid over until the next monthly meeting of the Board of Education.

## TRI-COUNTY SPECIAL EDUCATION
## INTERLOCAL NO. 607
**INDEPENDENCE, KANSAS 67301**

**PAY TO:**_____

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| DATE | DESCRIPTION | AMOUNT | |
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**I do hereby certify that the above bill is correct and remains unpaid, and that the amount claimed herein is actually due according to law.**

_____,20___ _____

Signature

********Receipts must be attached to this form.**********