

**Grasslands ATA Local #34
Purchase Claim Form**

Name: _____ School: _____

Purpose of Claim: _____

Claimant signature: _____

Date: _____

Purchase Claims require receipts

***** Rest of the claim will be filled out by the treasurer *****

List of Items:

Description of Item	Cost of Item	Account

Total of Claim: \$ _____

Cheque # _____

Treasurer Signature: _____