

**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
	<b>TOTAL</b>	

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.

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