***Wilkinson County School District***

*Post Office Box 785*

*Woodville, Mississippi 39669*

***Activity Claim Form***

***Date***:

***Claimant*:**

***Address:***

***Description of Services Rendered:***

***Department:***

***Amount of Claim: $***

***Signature of Claimant:***

***Approved By:***

***Principal / Director***

***FOR OFFICE USE ONLY***

***CHECK NUMBER:***

***DATE OF CHECK:***