

**SPECIAL CLAIM**  
 Tulsa Public School  
 INDEPENDENT SCHOOL DISTRICT No. 1  
 Tulsa County, Oklahoma

Date	Yr/Fund	Project	Type	Function	Object	Program	Subject	Job	Division	Site	Amount
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Date / Account #: \_\_\_\_\_

Description/Purpose: \_\_\_\_\_

Date / Account #: \_\_\_\_\_

Description/Purpose: \_\_\_\_\_

Date / Account #: \_\_\_\_\_

Description/Purpose: \_\_\_\_\_

Date / Account #: \_\_\_\_\_

Description/Purpose: \_\_\_\_\_

Total                    \$                  -

I, \_\_\_\_\_  
 the undersigned have full knowledge of the claim as listed on the reverse side of this form, and that the amount thereof is needed for the lawful use of the above named school district for the purpose set forth in such claim.

  X    
 Requisitioned by \_\_\_\_\_

  X    
 Approved by \_\_\_\_\_

\_\_\_\_\_  
 School or Department

\_\_\_\_\_  
 Date

**Note:**     Attach receipts that support this claim  
                An RQ/PO must be entered for all expenditures prior to purchase.