

I, _____ (Name) _____ (Title)

of _____ (School Corporation) hereby certify that I have examined the service record of each contractor listed on pages _____ to _____ of this schedule; that each contractor has performed the services for which the compensation is to be paid; that to the best of my knowledge and belief no part of the compensation of any contractor listed hereon is being divided or paid to any other person on account of or by reason of his employment; that the compensation listed opposite the name of each contractor is based upon the contract on file for the route listed and is justly due each such contractor; that this schedule totaling \$ _____ is correct and has by me been approved.

Date _____, 19_____

(Signature)

(Official title)

CLAIM NUMBER _____

Check Nos. _____ to _____ (Inclusive)

SCHEDULE OF PAYMENTS DUE SCHOOL BUS INDEPENDENT CONTRACTORS FOR

(Name of School)

Total amount of checks \$ _____

I have examined the within claim and hereby certify as follows:

- That it is in proper form
- That it is duly authenticated as required by law
- That it is based upon contracts
- That it is apparently { Correct / Incorrect

(Disbursing Officer)

Allowed _____, 19_____

In the sum of \$ _____

(Board or Commission)