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FOR PAY PERIOD ENDING

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Prescribed by State Board of Accounts

CLAIM

Form No. 505-S

**A CLAIM, TO BE PROPERLY ITEMIZED MUST SHOW: KIND OF SERVICE, WHERE PERFORMED, DATES SERVICE RENDERED, BY WHOM,**

**RATE PER DAY, NUMBER OF HOURS, RATE PER HOUR, PRICE PER FOOT, PER YARD, PER HUNDRED, PER POUND, PER TON,** ETC.

PERRY TOWNSHIP SCHOOLS., MARION CO.

**6548 Orinoco Ave., Indianapolis, IN 46227**

**INDIANA**

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AMOUNT

Pursuant to the provisions and penalties of Chapter 155, Acts of 1953.

I hereby certify that the above salary is justly owing me; that I have performed the service for which salary is attached and

appropriated, and that no part thereof has been or is to be, directly or indirectly divided with or paid to any other person on account

of or by reason of such employment.

Title

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**TO**

**X** ADDRESS

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_