

CLAIM STATEMENT

TO: MT. SAN ANTONIO COMMUNITY COLLEGE
Administrative Services
1100 North Grand Avenue
Walnut, CA 91789

DATE: _____

DISTRICT'S PURCHASE ORDER NO.: _____

VENDOR'S NO.: _____

ACCOUNT NO.: _____

APPROVAL SIGNATURE: _____

FROM:

For the following goods or services furnished to the District

FORM NO. B-125

CLAIMANT SIGNATURE