

(Complete four copies)

## Lapsed Appropriation Form

## IN THE COURT OF CLAIMS, STATE OF ILLINOIS

K	) Enter the Section and				
Claimant	school of the Fair  Manager here- who should the check be				
VS.	made out to? ) Example:				
Respondent, STATE OF ILLI	"Section 9 FFA: Heyworth High School"  NOIS )				
Claimant seeks from	n Respondent payment in the sum	of \$ _76	68.26 for <u>Vo-Ag</u>	Fair Premiums (Services or Materials)	
1 1 1	.1 1 1 1 1	1	C F 1 :1 :		
	n the attached statement, and made :	-		• • •	
of \$ 768.26	, and has made demand for sam	ie from <u>P</u>	(Department, Board, Commission)	of the State of Illinois,	
and such damand w	as refused on the grounds that funds	annranri			
		арргорп	(5	Services or Materials)	
for such payments h	ave lapsed.				
Claimant further st	ates that no assignment of said claim	m, or an	y interest therein, has been i	made to any person, and that	
Claimant is justly e	ntitled to payment of the same from	n respond	lent after allowing all just cr	edits.	
	• 1	-	0 ,	_	
	ates that the Claimant's Federal Em	ployer Id	lentification Number (F.E.I.N	I.) is:,	
or that his/her Soci	al Security Number is:	of the		e FEIN of the agers' school.	
	Fair Manager here- who should		<sign name="" your="">, Ag</sign>		
	check be made out to?		Teacher & Section		
	Example: "Section 9 FFA: Heyworth High	h	Fair Manager (Claima Ex: "Luke Allen, Ag	nt's Signature)	
K	School"		Teacher & Section 9		
			Fair Manager"		
Claimant		_	Claimant's Attorney		
Street Address		OR	Street Address		
City	State	_	City	State	
ZIP	County	_	ZIP	County	
Telephone Number		_	Telephon	Telephone Number	

The state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 705 ILCS 505/1 et. seq. Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being process.