UNCLAIMED MONEY-CLAIM FORM

www.sbunified.org

Return completed form in person to: Internal Auditor Santa Barbara Unified School District North Campus 4025 Foothill Rd Santa Barbara, CA 93110

		0052, I wish to file a claim for a previously unclaimed published in the Santa Barbara News-Press on	d check
The grounds on which I file this	s claim are:		
Vendor or Individual Name (Printed)		Taxpayer I.D. of Social Security No.	
Vendor or Individual Name Signature		Telephone Number	
Address			
City/State/Zip Code			
For Internal Auditor Only			
Proof of Identity Verified:	Check One:		
	Drivers License		
	Social Security Car		
	Birth Certificate		
Verified by:			
Claim:			
Approved			
Rejected			
Rejected Reason for:			
Reviewed By:	Date:		

