INDEPENDENT SCHOOL DISTRICT NO. 535
Rochester, Minnesota

# CLAIM AND VERIFICATION FORM

CURRENT DATE

INDIVIDUAL TO BE PAID

ACCOUNT CODE

ADDRESS

VENDOR NUMBER

CITY STATE ZIP

HOME SCHOOL

IF THIS IS A REIMBURSEMENT FOR EXPENSES INCURRED, THE RECEIPTS FOR THE SAME MUST BE ATTACHED HEREWITH AND THE FORM SIGNED BY YOUR IMMEDIATE SUPERVISOR.

| DATE | DESCRIPTION | AMOUNT |
|---|---|---|
| | | |
| | CLAIM TOTAL | |

I DECLARE UNDER THE PENALTIES OF LAW THAT THIS AMOUNT, CLAIM, OR DEMAND IS JUST AND CORRECT AND THAT NO PART OF IT HAS BEEN PAID.

DATE

SIGNATURE (CLAIMANT OF THE CLAIMANT.)

SIGNATURE (IMMEDIATE SUPERVISOR.)