

## CLAIM AND VERIFICATION FORM – BOARD MEMBER

FD	ORG	PRO	CRS	FIN	OBJ	AMOUNT	Classification
01	005	010	000	000	111		Meetings
01	005	010	000	000	367		Out of District Mileage/Meals

**INDEPENDENT SCHOOL DISTRICT 518  
1117 MARINE AVENUE  
WORTHINGTON, MN 56187-1610**

**PAY TO:** \_\_\_\_\_

**DATE SUBMITTING** \_\_\_\_\_

**EMPLOYEE/BOARD ID:** \_\_\_\_\_

**MONTH:** \_\_\_\_\_

Date	Up to 2 Hours \$60.00	2-4 Hours \$120.00	4-6 Hours \$180.00	Full-Day (over 6 hrs) \$240.00	Mileage \$0.585	Description	Total Amount

- I declare under the penalties of law that this account, claim or demand is just and correct and that no part of it has been paid. Claim form is due to the Administration Office by the last day of the month to be paid on the 15<sup>th</sup> and the 15<sup>th</sup> of the month to be paid on the last day of the month. All forms must be turned in within 30 days of the expense. All mileage must be detailed stating where you went and the purpose of the mileage.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School/District Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**District Accountant:** \_\_\_\_\_ **Date:** \_\_\_\_\_