

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 \$0.655	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 15th and the 15th 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: _____