

**INDEPENDENT SCHOOL DISTRICT NO. 146
BARNESVILLE, MINNESOTA**

CLAIM AND VERIFICATION FORM

MAKE PAYABLE TO: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

ITEM/DESCRIPTION	AMOUNT
TOTAL	

DEPARTMENT: _____

DATE REQUIRED: _____

REQUESTOR SIGNATURE: _____

DATE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____

I declare under the penalties of perjury that in making the within claim, that I have examined said claim and that the same is just and true, that the money therein charged was acutally paid for the purposes therein stated; that the property therein charged was stated, and was of the value therein charged; that the services therein charged were actually rendered and were of the value therein charged and official and are such as are allowed by law; and that no part of said claim has been paid.

For District Office Use		Request Received:		Request Processed:	
Vendor #	Invoice #	Invoice Date	Amount	UFARS Account Number	
Total					Voucher #