

INDEPENDENT SCHOOL DISTRICT NO. 820 OF WADENA COUNTY

Sebeka, Minnesota 56477

COMBINED CLAIM AND CLAIM VERIFICATION

Claimant \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DATE	HOURS	EXPLANATION OF CLAIM:	DOLLAR 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.

Signed \_\_\_\_\_

(Claimant or supervisor of the claimant)