

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**

EMPLOYEE NAME: _____

EMPLOYEE ID: _____

| Date | Up to 2 Hours \$70.00 | 2-4 Hours \$140.00 | 4-6 Hours \$210.00 | Full-Day (over 6 hrs) \$280.00 | Mileage \$0.70 | Description | Total Amount |
|------|-----------------------------|--------------------------|-----------------------|--------------------------------------|-------------------|-------------|-----------------|
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- **Additional Pay for eligible meetings:** Negotiations, Meetings of Appointed Committees, Special Board Meetings, Board Workshops, Meetings of Board Members out of region. Does NOT include regular monthly board meeting.
- **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:** _____