



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

**EMPLOYEE CLAIM AND VERIFICATION FORM
PLEASE NOTE: ITEMIZED RECEIPTS MUST BE ATTACHED**

FD	ORG	PRO	CRS	FIN	OBJ	AMOUNT

EMPLOYEE ID # _____ **OVERNIGHT TRAVEL? YES NO**

NAME _____

*** ALL REIMBURSEMENTS DUE WITHIN 30 DAYS OF EXPENSE ***

Date of Expense:	Reimbursement Purpose:	Amount:

of Miles:

Total Reimbursement:	
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*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. Missing signatures, codes, or receipts will be returned which delay the reimbursement.

Employee Signature: _____ Date: _____

School/District Supervisor: _____ Date: _____

District Accountant: _____ Date: _____

OFFICE USE ONLY: Uniform Bal: _____ Updated Smart: _____

EBENONW2: _____ EBETAXABLE: _____

