

# Claim and Claim Verification Form

## Park Rapids Area Schools

### Independent School District # 309

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Date	Claim Description	Amount
<b>Total Amount of Claim</b>		

Attach receipts if required

I, the undersigned do solemnly swear that the within amount is just and true; that the services therein were actually rendered and of the value charged; that the goods therein contained were actually delivered of the value therein charged and that no part of the same has been paid

Signature of Claimant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

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Code \_\_\_\_\_ Amount \_\_\_\_\_

Code \_\_\_\_\_ Amount \_\_\_\_\_