

Delano Public Schools

INDEPENDENT SCHOOL DISTRICT NO. 879

700 Elm Avenue East Delano, Minnesota 55328

Phone: 763/972-3365 Fax: 763/972-6706

Claim and Verification Form

PAY TO:

Name: _____

Street Address: _____

City, State Zip: _____

Date	Item Description	Amount
	<p>Instructions: Please describe the basis for making this claim. List specific details and dates.</p>	

I declare under the penalties of law that this account/claim is just and correct and that no part of it has been paid.

Date _____

Signed _____

(Claimant or Agent of the Claimant)

Code: _____ Amount: _____

Code: _____ Amount: _____

Authorized Approval: _____