

Independent School District #656 – Faribault MN
Voucher Request
 For District Use Only

Combined Claim and Claim Verification Form

Name _____

Date _____

Address _____

Date	Explanation	Amount
Total		\$

I declare under the penalties of perjury that this account, claim or demand is just and true and that no part of it has been paid.

Signed _____

The effect of this verification shall be the same as if subscribed and sworn to under oath.

	Account Code		Amount Requested	Check Date	Invoice Number
			.		
			.		
			.		
			.		

▲
 E – Expenditure
 L – General Ledger
 R – Revenue

▲
 D - Debit
 C – Credit

Supervisor's Signature _____