

COMBINED CLAIM AND CLAIM VERIFICATION FORM
WADENA-DEER CREEK PUBLIC SCHOOL
INDEPENDENT SCHOOL DISTRICT NO. 2155 OF MINNESOTA
WADENA, MINNESOTA 56482
218-631-2155

PAY TO: _____ **DATE** _____

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CLAIM VERIFICATION FORM

MINNESOTA STATUTES REQUIRE VERIFICATION OF ALL CLAIMS

In accordance with Minnesota Statutes, 1953, Section 471.38, no claim against a school district can be paid until the same has been presented in writing, itemized, and verified by the person making the claim, or his agent. The appended verification is required by the law cited above.

In order that your claim may be promptly audited and allowed, kindly fill out the verification form hereto appended to your claim.

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.

_____ By _____
Claimant - Company or Individual