

Independent School District No. 891 of Yellow Medicine County
307 First Street West
Canby, Minnesota 56220

COMBINED CLAIM AND CLAIM VERIFICATION FORM

To _____
(Claimant)

•• ALL receipts must be attached. ••

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.

Date _____ Signed _____

(Claimant or agent of the claimant)