Independent School District 2165 - Hinckley-Finlayson Public Schools
District Office - PO Box 308, Hinckley, MN 55037

Claim and Verification Form

Pay to: _____ **Order-Check No**:_____ **Date Paid:**

Address:

Account Number	Amount

Date	Description	Dollars

In accordance with Minnesota Statutes, 1953, Section 471.38, no claim against a school district can be paid until the person claiming payment, or his agent, reduces it to writing, in items, and signs the following declaration:

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

Signed_____ Date_____

Claimant or Agent of the Claimant