

# Claim for Compensation

This form is to be used by school board members to claim compensation for attending board meetings and special board meetings and for performing other board-approved services on behalf of the Issaquah School District.

Date	Purpose of meeting/activity	Amount

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Total (\$50  
per day  
maximum)

**I hereby certify under penalty of perjury that this claim is true and correct and that I have received no payment on account thereof.**

\_\_\_\_\_  
Today's date

**9700-11-7104-001-8000**  
Board member code number

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Director's signature

\_\_\_\_\_  
Superintendent / Designee