

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