AB#

DATE OF CLAIM

THE NAVAJO NATION FINANCIAL SERVICES DEPARTMENT

**GENERAL CLAIM FORM**

NAME OF CLAIMANT (PRINTED)

SOCIAL SECURITY NUMBER

MAILING ADDRESS

CITY

STATE

ZIP CODE

FIRST NAME

MI LAST NAME

SUFFIX

|  |  |  |
| --- | --- | --- |
|  | **TYPE OF CLAIM** |  |
| **CHECK ONE OF THE FOLLOWING** |  |  |  |
| **COMMISSION/BOARD**BOARD OF ELECTION SUPERVISORS |  | NAVAJO/HOPI LAND COMMISSION RETIREMENT PAYOUTS | **VETERANS ADMINISTRATION**CHAPTER |
| LABOR COMMISSION |  | GOVERNMENT DEVELOPMENT NON-EMPLOYEE | COLOR GUARD |
| HUMAN RIGHTS COMMISSION |  | EMERGENCY MANAGEMENT OTHER SPECIFY | HONOR GUARD |
| BLACK MESA REVIEW BOARD |  | TAX COMMISSION  | **DEPARTMENT OF AGRICULTURE** |
| NAVAJO UTAH COMMISSION |  | EASTERN LAND COMMISSION | FARM BOARD |
| NN WATER RIGHTS COMMISSION |  | VOICE OF THE PEOPLE | EASTERN NAVAJO LAND BOARD |
| NN BOARD OF EDUCATION |  | WOMEN'S COMMISSION | DISTRICT GRAZING COMMITTEE |
| TELECOMMUNICATION REG. COMMISSION |  | HEADSTART-PARENT COUNCIL ADVISORY | DISTRICT LAND BOARD |

LOCATION OF MEETING(S) DATE(S) DESCRIPTION OF MEETING

TRAVEL INVOLVED

FROM TO TO

TOTAL MILES

1

2

3

AMOUNT OF CLAIM

DEPARTMENT USE

CONTROLLER'S USE I certify that this claim is true and best of my knowledge and that amounts

DAYS @ $ Stipends

ACCOUNT NO.

FUNDS AVAILABLE

BY

DATE

claimed are due to me and have not been previously paid.

I request that payment be (check only one)

DAYS @ $

Meals

Mailed to address

Picked up by myself

DAYS @ $

Lodging

Picked up by person other than myself (name)

DAYS @ $ Mileage

OTHER EXPENSES (ATTACH RECEIPTS) Designated Person's Name

ADVANCE REQUESTED

LESS DEDUCTIONS ( )

TOTAL $

**CLAIM APPROVED BY: AUTHORIZED PERSONNEL PER THE EXPENDITURE FORM**

SIGNATURE DATE

PHONE #

# SIGNATURE OF CLAIMANT AND DATE

EMAIL: PHONE:

# CONTACT INFORMATION

DEPARTMENT #