

**THE NAVAJO NATION
FINANCIAL SERVICES DEPARTMENT**

ACCOUNTS PAYABLE USE ONLY	
AB#	CO#

GENERAL CLAIM FORM

DATE OF CLAIM		

NAME OF CLAIMANT (PRINTED)	SOCIAL SECURITY NUMBER	MAILING ADDRESS	CITY	STATE	ZIP CODE

TYPE OF CLAIM

CHECK ONE OF THE FOLLOWING

<input type="checkbox"/> BOARD OF ELECTION	<input type="checkbox"/> NAVAJO UTAH COMMISSION	<input type="checkbox"/> TELECOMMUNICATION REG. COM	<input type="checkbox"/> ROUGH ROCK CHAPTER
<input type="checkbox"/> LABOR COMMISSION	<input type="checkbox"/> NN WATER RIGHTS COMMISSION	<input type="checkbox"/> GOVERNMENT DEVELOPMENT	<input type="checkbox"/> SHIPROCK CHAPTER
<input type="checkbox"/> HUMAN RIGHTS COMMISSION	<input type="checkbox"/> NN BOARD OF EDUCATION	<input type="checkbox"/> LOCAL (SEMI-MONTHLY) CHAPTER MEETING	<input type="checkbox"/> FORT DEFIANCE CHAPTER
<input type="checkbox"/> BLACK MESA REVIEW BOARD	<input type="checkbox"/> NAVAJO/HOPI LAND COMMISSION	<input type="checkbox"/> OTHER (SPECIFY) _____	<input type="checkbox"/> COALMINE CHAPTER
	<input type="checkbox"/> COUNCILMEN SALARY ADVANCE		

CHAPTER OFFICERS ONLY – CHECK ONE OF THE FOLLOWING:

LOCAL CHAPTER MEETING PLANNING MEETING AGENCY MEETING

ALL OTHERS --- CHECK ONE OF THE FOLLOWING:

LAND (FARM) BOARD DISTRICT GRAZING COMMITTEE RETIREMENT PAYOUTS

EASTERN NAVAJO LAND BOARD

DESCRIPTION OF MEETING

LOCATION OF MEETING(S)	DATE(S)	PURPOSE OF MEETING OR ITEMS DISCUSSED USE BACK IF NECESSARY	TRAVEL INVOLVED			TOTAL MILES
			FROM	TO	TO	
1.						
2.						
3.						

AMOUNT OF CLAIM	CONTROLLER'S OFFICE USE ONLY		
	ACCOUNT NO.	FUNDS AVAILABLE BY	DATE
_____ DAYS @ \$ _____ PER DIEM \$ _____	_____	_____	_____
_____ DAYS @ \$ _____ PER DIEM \$ _____	_____	_____	_____
_____ DAYS @ \$ _____ PER DIEM \$ _____	_____	_____	_____
OTHER EXPENSES (ATTACH RECEIPTS)	_____	_____	_____
ADVANCE REQUESTED	_____	_____	_____
LESS DEDUCTIONS _____ (_____)	_____	_____	_____
TOTAL \$ _____	_____	_____	_____

I certify that this claim is true and just to the best of my knowledge and that the amounts claimed are due to me and have not been previously paid.

If approved, I request that the check be ready by (time) _____ on (date) _____.

I request that the check be (check one)

Mailed to me at the address Picked up by myself

Picked up by person other than myself (name)

SIGNATURE OF CLAIMANT

Email: _____ Phone: _____

CLAIM APPROVED BY: CHAIRMAN, N.T.C., COMMITTEE CHAIRMAN, CHAPTER PRES., ETC.	CONTROLLER'S APPROVAL	ADVANCES ONLY	CURRENT	ADVANCE RECORDED PAYROLL
SIGNATURE	DATE	SIGNATURE	DATE	ADVANCE BALANCE
				BY
				DATE