

# BOARDS and COMMISSIONS



## NAVAJO NATION PAYROLL OFFICE Wage Compensation Form

Date of Claim	Dept #	DEPARTMENT NAME				
NAME OF CLAIMANT (PRINTED)	AB#	SOCIAL SECURITY #	MAILING ADDRESS	CITY	STATE	ZIP CODE

Select Committee from Drop Down Menu:

Water Rights Commission 181/681 115008.2466

<i>Copies of the AGENDA and SIGN IN SHEET are REQUIRED in order to process the payment.</i>				<b>VERIFICATION</b>		
Date:	Location of Meeting:	Purpose of Meeting:	Wage Amount:	Required Documents	☑ = Yes/Initial	
				Agenda	Sign In Sheet	<input type="checkbox"/>
				Agenda	Sign In Sheet	<input type="checkbox"/>
				Agenda	Sign In Sheet	<input type="checkbox"/>
				Agenda	Sign In Sheet	<input type="checkbox"/>
				Agenda	Sign In Sheet	<input type="checkbox"/>
				Agenda	Sign In Sheet	<input type="checkbox"/>
				Agenda	Sign In Sheet	<input type="checkbox"/>
				Agenda	Sign In Sheet	<input type="checkbox"/>
			<b>TOTAL AMT:</b>			

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

\_\_\_\_\_  
*Signature of Claimant*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Email*

**CLAIM FORM APPROVED BY:**

\_\_\_\_\_  
*Signature of Division Director*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Board / Commission Chair*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Contact Number*