

AB# _____

THE NAVAJO NATION
FINANCIAL SERVICES DEPARTMENT

DATE OF CLAIM		

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
- LABOR COMMISSION
- HUMAN RIGHTS COMMISSION
- BLACK MESA REVIEW BOARD
- NAVAJO UTAH COMMISSION
- NN WATER RIGHTS COMMISSION
- NN BOARD OF EDUCATION
- TELECOMMUNICATION REG. COMMISSION

- NAVAJO/HOPI LAND COMMISSION
- GOVERNMENT DEVELOPMENT
- EMERGENCY MANAGEMENT
- TAX COMMISSION
- EASTERN LAND COMMISSION
- VOICE OF THE PEOPLE
- WOMEN'S COMMISSION
- HEADSTART-PARENT COUNCIL ADVISORY

- RETIREMENT PAYOUTS
- NON-EMPLOYEE
- OTHER SPECIFY _____

VETERANS ADMINISTRATION

- CHAPTER _____
- COLOR GUARD
 - HONOR GUARD

DEPARTMENT OF AGRICULTURE

- FARM BOARD
- EASTERN NAVAJO LAND BOARD
- DISTRICT GRAZING COMMITTEE
- DISTRICT LAND BOARD

LOCATION OF MEETING(S)	DATE(S)	DESCRIPTION OF MEETING	TRAVEL INVOLVED			TOTAL MILES
			FROM	TO	TO	
1						
2						
3						

AMOUNT OF CLAIM	DEPARTMENT USE	CONTROLLER'S USE	
	ACCOUNT NO.	FUNDS AVAILABLE BY	DATE
DAYS @ \$ _____ Stipends			
DAYS @ \$ _____ Meals			
DAYS @ \$ _____ Lodging			
DAYS @ \$ _____ Mileage			
OTHER EXPENSES (ATTACH RECEIPTS)			
ADVANCE REQUESTED			
LESS DEDUCTIONS ()			
TOTAL \$ _____			

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

I request that payment be (check only one)

Mailed to address Picked up by myself

Picked up by person other than myself (name) _____

Designated Person's Name _____

SIGNATURE OF CLAIMANT AND DATE

EMAIL: _____ PHONE: _____

CLAIM APPROVED BY: AUTHORIZED PERSONNEL PER THE EXPENDITURE FORM

SIGNATURE	DATE

CONTACT INFORMATION

PHONE # _____

DEPARTMENT # _____

*** MUST PROVIDE COPY OF MEALS AND LODGING RECEIPTS TO CLAIM REIMBURSEMENT ***