

**Monthly Claim for Board Member Compensation**

This form is to be used each month by school board members to claim compensation for attending board meetings, special board meetings, and other board-approved services per Policy 1160 on behalf of the Riverview School District.

Date	Purpose of meeting/activity	Amount

\_\_\_\_\_ \$ \_\_\_\_\_  
Print Name Total (\$50/day max.)

**I hereby certify under penalty of perjury that this claim is true and correct and that I have received no payment on account thereof.**

\_\_\_\_\_ Board Budget Code Number  
Director's Signature

\_\_\_\_\_  
Superintendent/Designee Signature

**ALL CLAIMS MUST BE SUBMITTED MONTHLY.** Submit by 20<sup>th</sup> of month to be paid by end of month.