

**Invoice/Reimbursement Form**  
**for Supplies, Materials or Contracted Services**  
 (for Travel Reimbursement, use Form 412-R)

**Independent School District 709**  
 215 North First Avenue East  
 Duluth MN 55802-2058

**Finance  
 Dept.  
 Use Only**

Today's Date: \_\_\_\_\_ Check one:  Payment  Prepayment  Reimbursement

**DUE TO** } Vendor Name / Person: \_\_\_\_\_  
 Address I: \_\_\_\_\_  
 Address II: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 District employees must provide their Employee ID No: \_\_\_\_\_  
 Independent contractors must provide their Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Vendor Number**

DATE OF SERVICE	DESCRIPTION OF SERVICE

**ENCLOSURES** – Please send the attached enclosure(s) with the payment to the Vendor.

FUND	TYPE	LOC	PROG	FIN	OBJ	CRS	PROJECT	AMOUNT
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$

**GRAND TOTAL:** \$

**AUTHORIZATION/APPROVAL SIGNATURES:**

\_\_\_\_\_ Level 1 (Budget Manager) \_\_\_\_\_ Date \_\_\_\_\_ Level 3 Approval \_\_\_\_\_ Date  
 \_\_\_\_\_ Level 2 Approval \_\_\_\_\_ Date \_\_\_\_\_ Level 4 Approval \_\_\_\_\_ Date

**DOCUMENTATION INFORMATION**

**NOTE: Attach appropriate supporting documentation as required by policy.**

- original receipts
- contracts
- invoices
- other \_\_\_\_\_

In presenting the above invoice and verified claim, I declare under the penalties of perjury that this account, claim or demand is just and true and that no part of it has been paid. The effect of this verification shall be the same as if subscribed and sworn under oath.

\_\_\_\_\_ Signature of Claimant / Applicant \_\_\_\_\_ Date