



Detroit Lakes Public Schools

SPECIAL PAYMENTS DOCUMENTATION

HOMEBOUND SERVICES RECORD AND REQUEST FOR PAYMENT

Name: _____

Month/Year of Instruction: _____

Address: _____

Student's Name: _____

Enrolling School: _____

<u>Date Worked</u>	<u>Start Time</u>	<u>End Time</u>	<u>Total Hours</u>	<u>Hourly Rate</u>	<u>Subtotal</u>	<u>Miles</u>	<u>Mileage Rate</u>	<u>Subtotal</u>	<u>Total</u>	<u>Notes</u>
1.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

CLAIM VERIFICATION

I declare under the penalties of law that this account, claim, or demand is just and correct and that no part of it has been paid:

Signature: _____

Date: _____

Approved: _____

D106/F-CLAIM

Send completed forms to Sue Eidenschink at the Administration Center. Scan and email to: seidenschink@detlakes.k12.mn.us