

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

Copies of the AGENDA and SIGN IN SHEET are REQUIRED in order to process the payment.

VERIFICATION

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"/>

TOTAL AMT:

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.

CLAIM FORM APPROVED BY:

Signature of Claimant

Signature of Division Director

Date

Phone

Email

Signature of Board / Commission Chair

Date

Contact Number