

Grand Coulee Dam School District No. 301J

**School Board Member Compensation Waiver**

I, \_\_\_\_\_, a school board member of the Grand Coulee Dam School District, do hereby waive compensation for duties performed for the District, for the months January through December in the year \_\_\_\_\_. This waiver shall remain in effect unless rescinded by me.

I waive all compensation for duties as a School Board Member of the District.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
School Board Member

**School Board Member Social Security Information**

**The Accounts Payable Department needs verification of your social security number for compensation for duties performed for the District.**

\_\_\_\_\_  
**School Board Member Signature**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Print Name**

**School Board Member Compensation  
Monthly Claims**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/P.O. Box                      City                      State                      Zip code

Claims are being submitted for the month of: \_\_\_\_\_  
Month                                      Year

Please list the date and allowable activity for which compensation is being claimed:

- A. Regular or special meeting of the board;
- B. Designated representative of the board;
- C. Board-approved training and/or development activity
- D. Special board-related activity approved by the board.

Date	Activity	Explanation	Amount
	A B C D		
	A B C D		
	A B C D		
	A B C D		
	A B C D		
			<b>TOTAL:</b>

\_\_\_\_\_  
School Board Member Signature

\_\_\_\_\_  
Date