



**THE NAVAJO NATION**  
 Department of Diné Education  
**JOHNSON O'MALLEY PROGRAM**  
 P.O. Box 1950  
 Window Rock, Arizona 86515  
**DISBURSEMENT REPORT**

PHONE: (928) 871-6678  
 FAX: (928) 871-7464

Subcontractor: \_\_\_\_\_

Disbursement for the Month of \_\_\_\_\_

<u>Account No.</u>	<u>Date</u>	<u>Vendor</u>	<u>Check No.</u>	<u>Amount</u>	<u>Total</u>
<b>Total Reimbursement:</b>					\$
Advance Liquidation:					\$
<b>Total Amount Due:</b>					<b>\$</b>

**CERTIFICATION:** I certify this invoice for disbursement paid is true and accurate and represent services performed and expenses incurred by the Johnson O'Malley Central School District pursuant to Contract No. \_\_\_\_\_ and payment has been received.

\_\_\_\_\_  
**AUTHORIZED PERSONNEL/NAME & TITLE**