

CLAIM FOR PAYMENT FROM
_____ **TOWNSHIP**
_____ **COUNTY, MINNESOTA**

To be completed by the claimant or by the town clerk upon authorization of the board.

Claimant: _____

Address: _____

Phone: _____

Date	Description	Amount

Total \$ _____

DECLARATION

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.

Date

Signature of Claimant

To be completed by the town.

Filed with the town on _____, 20____.

Audited by the town board and allowed in the sum of \$ _____.

Supervisor Signatures:

_____ / _____ / _____

Paid by order-check number: _____

Fund	Account Number	Object Code	Amount

Clerk Signature: _____