Document Number F2000 Revised: April 2020

## CLAIM FOR PAYMENT FROM \_\_\_\_\_TOWNSHIP \_\_\_\_\_COUNTY, MINNESOTA

To be completed by	the claimant or by the	town cierk upon authorization of	f the board.	
Claimant:				
Address:		Phone:		
Date	Description	n		Amour
	Total \$			
		es of law that this acc	ARATION	d is just and correct and tha
no part of it	der the penalti has been paid	es of law that this acc		,
no part of it Date	has been paid	es of law that this acc	ount, claim, or demand	,
no part of it  Date  To be completed by	has been paid	es of law that this acc	ount, claim, or demand	,
no part of it  Date  To be completed by  Filed with the	the town.	es of law that this acc	Signature of Cla	imant
Date  To be completed by  Audited by	the town on	es of law that this acc	ount, claim, or demand	imant
Date  To be completed by  Audited by	the town on	es of law that this according.	Signature of Cla  _, 20  um of \$	imant
Date  To be completed by  Filed with the Audited by  Supervisor S	the town on the town board	es of law that this according.	Signature of Cla  _, 20  num of \$/	imant
Date  To be completed by  Filed with the Audited by  Supervisor S	the town.  the town on the town board Signatures:	es of law that this acc.  d and allowed in the s	Signature of Cla  _, 20  num of \$/	imant
Date  To be completed by Filed with the Audited by Supervisor S Paid by order	the town.  the town on the town board Signatures:	es of law that this acc.  d and allowed in the s	Signature of Cla  _, 20  um of \$/	imant