TO THE TOWNSHIP OF WINDEMERE
PINE COUNTY, MINNESOTA 55783

CLAIM NUMBER _____
DATE _____

CLAIM

Township of Windemere County of Pine

To		Claimant
Address		

Date	Description	Amount

Supervisor('s)
Initial

Audited and Allowed in the sum of $ _____

_____
Chairman

_____
Clerk

Distribution of Expense

Fund	Account	Amount

Paid by Order-check Number _____

Filed in my office this _____

day of _____, _____

_____
Clerk

DECLARATION

I declare under 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** _____