

**CLAIM FOR PAYMENT FORM
MISSION TOWNSHIP
CROW WING COUNTY, MINNESOTA**



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

| | | |
|-----------------|--------|------|
| Claimant: | Phone: | |
| Street Address: | Email: | |
| City: | State: | Zip: |

| Date of Purchase/Receipt | Description of Items | Unit 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: |
|-------|------------------------|

Town Processing Information:

| | |
|-------------------------|------------------|
| Date Submitted to Town: | Approved Amount: |
|-------------------------|------------------|

Claim Number: _____ **Paid by Check Number:** _____

| Fund | Account Number | Object Code | Amount |
|------|----------------|-------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

Town Clerk Signature: _____