



CLAIM VOUCHER

Pete Cheeley
Region 5A, MSHSL
2973 Aurora Lane
St. Cloud, MN 56303

CLAIMANT _____

ADDRESS _____

GOODS RECEIVED OR SERVICES RENDERED

Total _____

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

Expense Category

Memo

\$ Amount

Expense Category	Memo	\$ Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Payment approved _____

Approved _____