Renville County West Schools – ISD #2890 PO Box 338, Renville, MN 56284

RCW CLAIM VOUCHER

Claimant Name: Date		Date:			
Social Security Number:					
Address: _					
Addi 633. –	Mailing Address	City	State	Zip	
DATE	DESCRIPTION or EVENT: (Circle ONE) Payroll	Finance	# of Miles, if mileage	AMOUNT	
	CLAIM TOTAL				
I declare under penalty of perjury that this claim is just and true. All claims were used for the purpose stated and no part of this claim has been previously paid.					
Supervisor Signature				R.C.W	
Claimant Signature			Ja	Jaguars	