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

## RCW CLAIM VOUCHER

Claimant Name:				Date:			
Social Sec	urity Number: ———						
Address: _	Mailing Address		City	State		Zip	
DATE	DESCRIPTION or EVENT: (Circle ONE)	Payroll	Finance		# of Miles, if mileage	AMOUNT	
	CLAIM TOTAL						
I declare und no part of this	er penalty of perjury that this s claim has been previously	s claim is jus paid.	st and true. All c	laims were u	sed for the p	urpose stated an	d
Supervisor S	ignature						
Claimant Sigi	nature						