

# RCW CLAIM VOUCHER

Date: \_\_\_\_\_

**Address:** \_\_\_\_\_

**Mailing Address** **City** **State** **Zip**

***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.***

**Claimant Signature** \_\_\_\_\_

