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

RCW CLAIM VOUCHER

Claimant Name: Da				Date:	te:		
Social Sec	urity Number: ———						
Address: _	Mailing Address		City	State		Zip	
DATE	DESCRIPTION or EVENT: (Check One)	Payroll	Finance		# of Miles, if mileage	AMOUNT	
	CLAIM TOTAL						
I declare und used for the	ler penalty of perjury that this purpose stated and no part o	s claim is ju of this claim	st and true. All cla has been previous	ims were sly paid.			
Supervisor S	ignature				J/	GUARS	

Claimant Signature_____