



CLAIM AGAINST SIBLEY COUNTY, MINNESOTA

DATE CLAIM WILL BE PAID: _____

- Commissioner Claim Auditor Claim Library Claim

Vendor No.: _____ Vendor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Vendor Must Attach Invoice to the County Auditor-Treasurer, P.O. Box 51, Gaylord, MN 55334-0051

Table with 6 columns: Account Code, Description, Invoice Number, Service Dates (if applicable), On Behalf Of Vendor # (use only for P-card claim), Amount. Contains 18 empty rows.

*Attach all invoices/receipts with paperclip and attach remittance to left side of claim. *Capital Equipment Purchases of \$5,000 or more require prior County Board Approval. (P01042011)

TOTAL AMOUNT OF THIS CLAIM

I declare, under penalties of law, that this account, claim or demand is just and correct, and that no part has been paid. (Pursuant to M.S. 471.38)

X Claimant Signature

I hereby approve the payment of the above claim.

X Department Head Signature Date

Audited by: _____ [] Aud [] PHHS [] PW

Comments: _____