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CITY OF CHEWELAH

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EXPENSE CLAIM FORM

CLAIMANT: _____

ADDRESS: _____

_____

DATE OF CLAIM: _____

DATE OF PURCHASE	DESCRIPTION	AMOUNT

(NOTE: ORIGINAL Receipt(s) must be attached)

Total .....$_____

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof (RCW 42.24.080). False claim liable under RCW 42.24.100.

_____ _____

Signature of Claimant Date

APPROVED BY:

_____ _____

Signature of Department Head Date