Claim For Payment Of

Merchandise or Services Authorized by the Human Services Agency of Wright County

Wright County Human Services
10 2nd Street NW, Room 300
Buffalo, MN 55313-1191

TO _____
(Name of the Person or Firm making the Claim)

_____
(Mailing Address)

_____
(City) (State) (Zip Code)

FID # 41-1268614

Service Date		Description of Merchandise or Service Rendered		Amount
		TOTAL		

I declare under the penalties of perjury that I am

_____
(TITLE OR POSITION)

of _____
(NAME OF FIRM OR ORGANIZATION)

making the within claim; that I have examined said claim and that the same is just and true; that the money therein charged was actually paid for the purposes therein stated; that the property therein charged was actually delivered or used for the purposes therein stated, and was of the value therein charged; that the services therein charged were actually rendered and were of the value therein charged; that the fees therein charged are official and are such as are allowed by law; and that no part of said claim has been paid.

_____
SIGNATURE OF CLAIMANT

FID/SS# _____

The effect of this verification shall be the same as if subscribed and sworn to under oath. M.S.A. 471.38, as amended by Laws 1949, Chapter 416.

AGENCY USE ONLY

Vendor Number

Approved By: _____

ACCOUNT # OR FORMULA					AMOUNT	INVOICE NUMBER/ DESCRIPTIONS	SERVICE DATES	
							FROM MM/DD/YY	TO MM/DD/YY
				TOTAL				

ISSUANCE DATE **WARRANT #**