Avon Township

CLAIMS SHEET

16881 Queens Road Avon MN 56310

Employee Name:

Address:

Phone #:

Date	Meetings/Description of work	Mtgs	Hours	(office use)
	TOTALS			

DECLARATION

I declare under the penalties of law that this account, claim or demand is just and correct and that no part of it has been paid.

Employee Signature: _____

Date: _____

Date Paid _____

Paid by Order-Check Number _____ Amount _____

Filed in my office this _____ day of _____, _____

Clerk: _____