

Claim No. \_\_\_\_\_ Warrant No. \_\_\_\_\_

Bill Approved \_\_\_\_\_

By \_\_\_\_\_

GENERAL BASIC FUND

Department \_\_\_\_\_

Claimant \_\_\_\_\_

Address \_\_\_\_\_

For \_\_\_\_\_

Code No. \_\_\_\_\_

vs.

WEBSTER COUNTY, IOWA

Amount Claimed \$ \_\_\_\_\_

Amount Allowed \$ \_\_\_\_\_

\_\_\_\_\_ Aye Nay

\_\_\_\_\_ Aye Nay

Date \_\_\_\_\_

Chairman Board of Supervisors

Filed: