

Claim for Services as Township Clerk

Name:

Address:

Year:

Month	Day	Claim for Meeting or hours	Dollars	Cents
			Total	

For Clerk Services of _____ Township

Signature of Clerk

Date _____

Auditors Notes

Coding 0011-89-8020-000-10100

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for work other than a meeting

35.00/meeting

100.00/hour

1/1/2024