

COUNTY OF KEWEENAW

NO. _____

COUNTY DEPARTMENT _____

It is hereby certified that the above account is true and correct and that no part of the same has been paid.

PAYABLE TO _____

Signed _____

ADDRESS _____

Approved _____

DATE	DESCRIPTION	AMOUNT	TRAVEL EXPENSES			OTHER EXPENSE	TOTAL
			MILES	AMOUNT	MEALS		
TOTAL AMOUNTS ▶							

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