



21 E 1st Street  
PO Box 667  
Sherburn MN 56171

Phone: 507-764-4491  
Fax: 507-764-3882

Employee:

Department:

DATE	PLACE & PURPOSE	AMOUNT

Employee signature: \_\_\_\_\_

Date:

Approved by: \_\_\_\_\_

Date:

Receipts must be attached to expense form.

The undersigned payee, in endorsing this check, declares that the same is received in payment of a just and correct claim against the City of Sherburn, and that no part of it has heretofore been paid.