

Claim Against  
**City of Pierre**

PO Box 1253 :: Pierre, SD 57501

Vendor: \_\_\_\_\_

Date: \_\_\_\_\_

Description: \_\_\_\_\_

Amount: \_\_\_\_\_

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and believe, is in all things true and correct.

\_\_\_\_\_  
Signature

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For City Finance Office Use Only:

Account Number: \_\_\_\_\_

Amount: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount: \_\_\_\_\_

Payment Total: \_\_\_\_\_

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and believe, is in all things true and correct. I further certify that the services were rendered or materials received and that the above claim is hereby approved for payment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Finance Approval