...., Ind., ..., 19........

....County

To..Sheriff, **Dr.**

From..., 19........., to..., 19........
for Boarding the following named persons, to wit:

No.	NAME	Date Received			Date Discharge			No. of Meals Served	Remarks
		Month	Day	Hour	Month	Day	Hour		
	Total								

I hereby certify that the within claim is in proper form, duly authenticated as required by law, based upon statutory authority, and is apparently correct.

.....

Auditor

CALCULATION OF CLAIM

Acts 1935, Page 217

.....Meals at	.....cents each	. . . . .	$.....
.....Meals at	.....cents each	. . . . .	$.....
.....Meals at	.....cents each	. . . . .	$.....
.....Meals at	.....cents each	. . . . .	$.....
.....Meals at	.....cents each	. . . . .	$.....
.....Meals at	.....cents each	. . . . .	$.....
.....Meals at	.....cents each	. . . . .	$.....
.....Meals at	.....cents each	. . . . .	$.....
.....TOTAL		TOTAL	$.....

No.....

$.....

ALLOWED BY THE

Board of Commissioners

OF .....COUNTY

at.....Term, 19.....

$.....

.....President of the Board

Filed.....19.....

.....Auditor

By.....Deputy

Pursuant to the provisions and penalties of Chapter 155, Acts of 1953,

I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

.....

Date....., 19.....

Sheriff.....County