

## **CLAIM PROCESS/AUTHORIZATION FOR RELEASE OF FUNDS**

Claims are processed in the Auditor's office. The claim cycle is Monday 3PM to the following Monday at 3PM or in the case of holidays five working days after the Monday submitted.

**Claimant's Name:** Business or Individual

**Attn:** If a specific person is to receive the warrant

**Address:** Remittance address; where the check is payable to.

**Department:** Originating County Department

**Dept No.:** May be obtained by the originating Department

**Account No.:** May be obtained by the originating Department

**Job Code:** May be obtained by the originating Department

**Amount:** Amount the Claimant is requesting

**Vendor number:** May be obtained by the originating Department

**Date:** Date of service, acquisition or incurred cost.

**Description:** Short description of claim and pertinent information could be but not limited to account numbers, invoices numbers, dates and reference numbers of attached back up.

Claims must be itemized and original invoices attached. We cannot accept fax, statements, copies, voice mail or verbal amounts. Please staple the remit (which is usually perforated near the bottom of the invoice) to the front of the claim. Only current charges will be processed.

**Claimant:** Signature of above Claimant. If business or organization the "Sec #910.2 Gov't. Code" stamp is used. Claims against local public entities for supplies, materials, equipment or services need not be signed by the claimant or on his behalf if presented on an invoice regularly used in the conduct of the business of the claimant.

**Approval for sum of claim and Head of Department:** Requires original signature approving the claim and sum amount. This line is for a County Department Head or his or her designee.

If you have any questions regarding claims please feel free to phone.  
Trinity County Auditors Office  
Accounts Payable, 530-623-1317