COUNTY OF TRINITY

State of California
Claim/Authorization for Release of Funds

Warrant _____

Date: **04/25/07**

Claimant's Name:
Attn:
Street or Box No.:
City and State:
Zip:

Vendor No. _____

Department: _____

Dept. No.	Account No.	Job code	Amount
			$0.00

Date	Description Claims must be itemized and ORIGINAL invoices attached	Amount
	TOTAL DEMAND	**$0.00**

I HEREBY CERTIFY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount cla is justified due and is presented within one year after the last item thereof has accrued.

_____ **Claimant**

SEC. #910.2 GOVT. CODE

FOR VALUE RECEIVED, I hereby sell, assign, transfer and set over to

All my right, title and interest in the above claim.

Signed _____

Dated _____

I HEREBY CERTIFY upon my own personal knowledge that the articles or services specified in the above claim were necessary & were ordered by me for the purpose indicated hereon; that the articles have been delivered or the services have been performed by the claimant as set forth with the exceptions noted. Claim is thereby approved.

Signed_____

Approving Signature

I have examined the above claim and assuming the facts thereon to be true, find this a legal claim against the County of Trinity.

County Counsel_____

I HEREBY CERTIFY that the above claim was filed in this office on

_____David Nelson, County Auditor

By_____Deputy Auditor

I further certify to the correctness of the above computations and is hereby approved. David Nelson, Auditor-Controller