COUNTY OF TRINITY

State of California

Claim/Authorization for Release of Funds

Claimant's Name: _____

Attn: _____

Street or Box No.: _____

City and State: _____

Zip: _____

Dept. _____

Vendor # _____

Date: _____

Contract Information	
Contract#	
Contract Exp.	
Ins. Exp.	

COUNTY				CUSTOMER INVOICE INFORMATION		
Transaction Amount	Dept#	Acct #	Job Code	Customer I.D. (30 Spaces Available)	Invoice # (16 Spaces Avail)	Total Invoice
$ -	Transaction Total				Invoice Total	$ -

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 is justly due an is presented within one year after the last item thereof has accrued.

Signed _____

Claimant

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

SEC. #910.2 GOVT. CODE