



County of Sonoma
Auditor-Controller Treasurer-Tax Collector
CLAIM FORM

PAY TO: VENDOR NAME (ONLY)

VENDOR NUMBER	1099	DOCUMENT NUMBER
TREAS NO/WARRANT NO		BOARD AUTHORIZATION

*** INSTRUCTIONS TO CLAIMANTS ***

All claims against the County must be itemized, giving date and character of service rendered or work performed, quantities, description and unit price or articles furnished or delivered.

All claims should be presented to the authorizing department for certification and filed with the County Auditor-Controller, 585 Fiscal Drive, Suite 101F, Santa Rosa, CA 95403, immediately upon completion of service or delivery of articles ordered.

WARRANTS WILL BE MAILED TO CLAIMANT
 UNLESS SPECIFIED OTHERWISE BELOW

(MARK IN RED)

BATCH DATE

DATE: _____

PICK UP Ext. _____ / COURIER MAIL

BATCH

BATCH KEYED

SECTION NAME: _____

SFX	TC	P/F	DOC REF	SUBSIDIARY	INDEX	S/OBJ	PROJECT	AMOUNT	INVOICE NO OR DESCRIPTION (FOR WARRANT STUB)
A									
B									
C									
D									
E									
F									
G									
H									
I									
J									
TOTAL									TOTAL

<p>The undersigned, under the penalty of perjury states: That the above and the items as therein set out are true and correct; that no part thereof has been heretofore paid, and that the amount therein is justly due, and that the same is presented within one year after the last item thereof as accrued.</p> <p>Signed: _____, Claimant</p>	<p>For value received I hereby sell, assign, transfer and set over to _____ _____ All my right, title and interest in the above claim</p> <p>Signed: _____ Dated: _____</p>	<p>APPROVED AND ORDERED PAID.</p> <p>From _____ Fund</p> <p>_____ Chairperson of the Board of Supervisors</p>
<p>I hereby certify that the items or services herein indicated were ordered by me; that the items indicated were received or the services as set forth in the above were performed.</p> <p>Signed: _____ Title: _____</p>	<p>I have examined the within claim and assuming the facts therein stated to be true find the same _____ a legal claim against the County for the sum of _____</p> <p>_____ County Counsel</p>	<p>I hereby certify that the above computations are correct and the above claim is therefore approved.</p> <p>_____ County Auditor</p> <p>By: _____ Deputy County Auditor</p>