

COUNTY OF SONOMA CLAIM

- TYPE ONLY -

SAMPLE - Only fill in areas highlighted in red.

- 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 of 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, Santa Rosa, CA 95403, immediately upon completion of service or delivery of articles ordered.

PAY TO: VENDOR NAME (ONLY) Name of Organization

| | | |
|------------------------|------|---------------------|
| VENDOR NUMBER | 1099 | DOCUMENT NUMBER |
| | | N |
| TREAS. NO. WARRANT NO. | | |
| | | BOARD AUTHORIZATION |

_____ BATCH DATE _____

_____ BATCH NO. _____ BATCH KEYED BY _____

WARRANTS WILL BE MAILED TO CLAIMANT UNLESS SPECIFIED OTHERWISE BELOW:
(MARK IN RED) PICK UP BY SECT COURIER MAIL

DATE: Date of claim
 SECTION NAME: Advertising

| SFX | TC | P/F | DOC.REF. | SUBSIDIARY | INDEX | S/OBJ | PROJECT | AMOUNT | INVOICE NO. OR DESCRIPTION (FOR WARRANT STUB) | |
|----------------|----|-----|----------|----------------|--------|-------|---------|------------------------|--|--|
| A | | | | | 075010 | | | Amount requested | Description of requested reimbursement and FY | |
| B | | | | | | | | | (Attach summary, invoices, and print materials.) | |
| C | | | | | | | | | | |
| D | | | | | | | | | | |
| E | | | | | | | | | | |
| F | | | | | | | | | | |
| G | | | | | | | | | | |
| H | | | | | | | | | | |
| I | | | | | | | | | | |
| J | | | | | | | | | | |
| ← TOTAL | | | | TOTAL ▶ | | | | Total amount requested | <input type="checkbox"/> Check if signed contract has been returned to the County. | |

The undersigned, under 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 has accrued.

Signed: **X** Advertiser sign here, Claimant

For value received I hereby sell, assign, transfer and set over To _____ all my right, title and interest in the above claim.

Signed: **X**
 Dated _____

APPROVED AND ORDERED PAID

From _____ Fund.

\$ _____

CHAIRPERSON OF THE BOARD OF SUPERVISORS

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.

Signed: _____

Title: Administrative Analyst

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 _____

_____ COUNTY COUNSEL

I hereby certify that the above computations are correct and the above claim is therefore approved in the sum of

\$ _____

By _____ COUNTY AUDITOR

DEPUTY COUNTY AUDITOR