

Vendor #



GENERAL CLAIM FORM

CLAIMANT:

ADDRESS:

CITY, STATE, ZIP:

DATE OF CLAIM:

Claim Monitor's OK to pay

Date:

Initials:

SUBMIT CLAIM TO DEPARTMENT RECEIVING GOODS OR SERVICES

DATE	INV.	DESCRIPTION OF CLAIM (DESCRIBE FULLY TO AVOID DELAY)	AMOUNT
TOTAL			

I, the undersigned, declare under penalty of perjury that the services or articles claimed have been performed or delivered, and that his claim is true and correct as stated.

(Date)
 (Place) Calif.
 Signature of Claimant

I, the undersigned hereby certify that, to the best of my knowledge, the services or articles claimed have been performed or delivered, and that there is _____ Budget Appropriation or _____ Specific Board Approval (Check one).

(Date)
 (Place) Calif.
 Department Head or Authorized Deputy

REVIEWER'S SECTION

CASH ACCOUNT #	CHARGE CODE	ACCOUNT #	PROJECT #	DESCRIPTION	GROSS AMT.

REVIEWER: