

# COUNTY OF PLUMAS

## STATE OF CALIFORNIA

VENDOR/ CLAIMANT _____  ADDRESS _____ CITY/STATE/ ZIP _____	TAX ID/SSN # _____  VENDOR# _____ CASH ACCOUNT # _____  FUND # _____
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ACCOUNT OR CUSTOMER # OR DESCRIPTION	INVOICE NUMBER	COUNTY DEPARTMENT	COUNTY ACCOUNT	PROJECT NUMBER	AMOUNT DOLLARS & CENTS

The undersigned, under penalty of perjury, states: That the above claim and the items as therein set out are true and correct; that no part thereof has been theretofore 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.

DATE	FIRM NAME
BY	TITLE
	SIGNATURE OF CLAIMANT/VENDOR

<b>Auditor's Use Only</b> Vendor# _____ 1099 NEC _____ Audited _____ Input _____ Checked _____ Date Stamp: _____	<b>DEPARTMENT/DISTRICT APPROVAL:</b> I hereby certify upon my own personal knowledge that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated hereon; that the articles that have been delivered or the services have been performed by the claimant as set forth with the exception noted.  Claim is thereby approved for the sum of <u>  0.00  </u> Signed _____ Title _____  <b>For Districts</b> District _____ If applicable: Second Signature _____
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