Claimant's Name: Attn: Street or Box No.: City and State:		State of California Claim/Authorization for Release of Funds						
Zip: Vendor #	Co		Contract Information Contract# Contract Exp. ns. Exp.		Dept Date:			
	COUNTY	1		CUSTOM	FR INV	OICE INFORMATIO	N	
Transaction				Customer I.D. Invoice # Total Invoice				
Amount	Dept#	Acct #	Job Code	(30 Spaces Availab	ble)	(16 Spaces Avail)		
		CLAIMS	FOR RI	IMBURSEME	NTN	AUST		
		BE St	JBMITT	ED NO LATER THIN 30 DAYS	THA			
		MONTH	OR QU	ARTER BEING	3 BILL	LED.		
	Transaction	Total	l			nvoice 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 and is presented within one year after the last item thereof has accrued. Signed				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				
Claimant SEC. #910.2 GOVT. CODE				Approving Signature				