SUPERIOR COURT OF CALIFORNIA – COUNTY OF SHASTA

CLAIM FOR PAYMENT

Accounting use only

Vendor ID________________

Date Entered______________

Entered By________________

Accrual Date______________

CLAIMANT NAME ____

ADDRESS ____

ADDRESS ____

ADDRESS ____

Amount	G/L Account	Cost/Fund Center	PECT	WBS Element	Fund	Description (30 Spaces or less)	Invoice #
0	<< TOTAL <<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<						

EXPLANATION OF EXPENSE(S)

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The undersigned, under penalty of perjury, states that the above claim and items as therein set out are true and correct; that no part thereof has heretofore been paid, that the amount herein is justly due this claimant, and that the same is presented within one year after the last item has accrued.

CLAIMANT SIGNATURE : X____ Date__________

This section for Court use only

I certify under penalty of perjury that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the California Government Code. Furthermore, the articles or services specified in the above claim were necessary and ordered for the purpose indicated, and that the articles or services have been delivered or performed as stated hereon, unless otherwise indicated above by me

Approved By: **Date:**