

COUNTY OF PLUMAS

STATE OF CALIFORNIA

VENDOR/
CLAIMANT _____ VENDOR # _____
ADDRESS _____
CITY/STATE/ZIP _____ FUND # _____

Contract Attached Y/N _____ # _____

Fixed Asset Form Attached Y/N #

Sales Tax Journal Attached Y/N _____ # _____

W9 Form Attached Y/N

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.

FIRM NAME

DATE

BY

TITLE

SIGNATURE OF CLAIMANT/VENDOR

| Auditor's Use Only | | DEPARTMENT/DISTRICT APPROVAL: |
|--|--|--------------------------------------|
| Vendor # | 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. | |
| Audited | | |
| Input | | |
| Checked | | |
| Date Stamp: | | |
| Claim is thereby approved for the sum of _____ | | |
| Signed _____ | | |
| Title _____ | | |
| For Districts | | |
| District _____ | | |
| If applicable: _____ | | |
| Second Signature _____ | | |

Instructions for Claims

All Claims **must** be signed by the department or district manager, or someone who has been authorized by them and has a signature approval on file with the Auditor's Office, or the claim will be returned.

All claims submitted by 5 o'clock Friday will be paid by the following Friday.

There must be a sufficient amount available in the budget to pay this claim or it will be returned to you. This can cause a significant delay, funds available is not checked until we go to input the claim. If it has to be returned, it will not get paid until the following Friday.

A copy of the agenda for meetings attended must be attached to pay travel claims.

We DO NOT pay from statements. Invoice's must be attached for all purchases. When making payments for monthly services that do not invoice, such as utility companies, the monthly bill should be attached. Any other exceptions must be cleared with the Auditor's office.

If something must be included with the warrant, make sure it is attached to the claim. If a copy of the invoice has to be mailed with the warrant, attach an extra copy, 1 for our records and 1 to mail.

COMPLETING THE FORM:

Vendor/Claimant and complete address – required.

W-9 required on all new vendors. Also SS# required on all Independent Contractor's.

Vendor Number – if known. This number is assigned by the auditors office and is printed on the warrant. Please indicate if new or changed.

Cash Account – if other than account number 10100.

Fund Number – if other than General Fund – 0001.

Invoice Number:

 No more than 10 invoices per claim.

 Invoices must be attached.

Department Number – required.

Account number – required.

Description – prints on check, max of 256 characters. First choice is the customer number or vendor's account number, if none then a brief detailed description.

Signature of Claimant/Vendor – if claim form is completed by the vendor.

Department or District Approval – REQUIRED.

For Districts –

 District Name – required.

 Second Signature – required by the district.