Claimant's Name: Attn: Street or Box No.: City and State:				TRINITY SUPERIOR COURT State of California Claim/Authorization for Release of Funds		
Zip: Vendor #			Contract Information Contract# Contract Exp. Ins. Exp.		Dept. Date:	
	COUNTY	/		CUSTOMED	NVOICE INFORMATION	
Transaction	COUNT			Customer I.D.		I Invoice
Amount	Dept#	Acct #	Job Code	(30 Spaces Available)	(16 Spaces Avail)	
					+	
		BE SU	JBMITT RLY W	 	IAN OF THE	
		MONTH	i UK QU	ARTER BEING B	ILLED.	
	Transaction	Total			Invoice 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.				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		