

Clear Form

COUNTY OF KERN
STATE OF CALIFORNIA

CLAIM OF _____ DATE _____ DEPARTMENT _____

ADDRESS _____

INSTRUCTIONS TO CLAIMANT: FEDERAL TAX ID NO.

(4) NO CLAIMS WILL BE AUDITED OR ALLOWED UNTIL THE ABOVE REQUIREMENTS HAVE BEEN MET

DATE	DESCRIPTION	DOLLARS	CENTS
TOTAL			\$0.00

FOR FILING STAMP ONLY

DON'T sign firm name ... sign Your name here .

CLAIMANT SIGNATURE

DATE _____

BELOW FOR COUNTY USE ONLY

Expenditure Authorized and Approved By :

AUTHORIZED DEPARTMENTAL SIGNATURE

SUPERVISOR

Department No.		Claim No.		Signature Date		Contract No.		P/F		Fund No.	
3-6		7-15		000		013		008		014	
Issue Date				Vendor No.				Descriptive Purpose of Claim - Limit to 30 Spaces			
009				023				011			

If as stated , above is a LEGAL CHARGE against the

County for the sum of \$ _____

County Counsel

Audited and Allowed

Auditor-Controller

By : _____

AUDITOR-CONTROLLER

Date _____

P.A.S. 580 1151

(REV. 3/87)

	Exp. Code	Amount	PY	Division	Project	Activity	Facility
102		&		&	&	&	&
102		&		&	&	&	&
102		&		&	&	&	&
102		&		&	&	&	&
TOTAL	006	\$ 0.00					

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