

# COUNTY OF PLUMAS

## STATE OF CALIFORNIA

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| VENDOR/<br>CLAIMANT _____<br><br>ADDRESS _____<br>CITY/STATE/<br>ZIP _____ | TAX ID/SSN # _____<br><br>VENDOR# _____<br>CASH ACCOUNT<br># _____<br><br>FUND # _____ |
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| ACCOUNT OR CUSTOMER # OR DESCRIPTION | INVOICE NUMBER | COUNTY DEPARTMENT | COUNTY ACCOUNT | PROJECT NUMBER | AMOUNT DOLLARS & CENTS |
|--------------------------------------|----------------|-------------------|----------------|----------------|------------------------|
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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.

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|------|------------------------------|
| DATE | FIRM NAME                    |
| BY   | TITLE                        |
|      | SIGNATURE OF CLAIMANT/VENDOR |

|  |   |
|--|---|
| <b>Auditor's Use Only</b><br>Vendor# _____<br>1099 NEC _____<br>Audited _____<br>Input _____<br>Checked _____<br>Date Stamp: _____ | <b>DEPARTMENT/DISTRICT APPROVAL:</b><br>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.<br><br>Claim is thereby approved for the sum of <u>  0.00  </u><br>Signed _____<br>Title _____<br><br><b>For Districts</b><br>District _____<br>If applicable:<br>Second Signature _____ |
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