

DEMAND
on the Treasury of the
COUNTY OF CONTRA COSTA
STATE OF CALIFORNIA

4 4 D

Made by: DATE

NAME (LAST) (FIRST)

ADDRESS

CITY, STATE ZIP CODE

IMPORTANT
See Instructions on Reverse Side

PD Request ID Number:

For the sum of Dollars \$

Check item below for services as requested by Public Defender:

Forensic Services Case Support Services Investigation Services

Service Date(s) to Total Hours x Hourly Rate \$ = Total \$

Transcription Services Service Date(s) to Total Hours/ Pages/Folios x Hrly/Page/ Folio Rate \$ = Total \$

Document Services: Service Date(s) Total \$

Expenses: Lodging \$ Transportation \$ Other: \$ =

Total Expenses \$

Other Services Service/Contract Date(s) to Description/Contract No. Total Hours x Hourly Rate \$ = Total \$

INVOICES & OTHER SUPPORTING DOCUMENTS WILL REMAIN ON FILE WITH PUBLIC DEFENDER

The undersigned under the 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 heretofore 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.

Signed

VENDOR NO.

Received, Accepted, and Expenditure Authorized

DEPARTMENT HEAD OR CHIEF DEPUTY

Table with columns: SUM.NO., INVOICE DATE, DESCRIPTION, FUND/ORG, ACCOUNT, ENCUMBRANCE NO., P/C, PAYMENT AMOUNT, TAXABLE AMOUNT, TASK, OPTION, ACTIVITY, SPEC.FLGS., DISCOUNT

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INSTRUCTION TO CLAIMANTS

All claims against the County must be itemized, giving dates and character of service rendered or work performed, quantities, description and unit price of articles furnished or delivered.

The verification statement immediately below the itemization space on this form must be signed by the claimant. If the claimant is not a natural person, the signature must be that of the person making the claim, followed by the title, which indicates his connection with the claimant. Each claim must be approved by the County Officer or department head, who ordered the delivery of material or performance of service covered by the claim, before filing with the County Auditor-Controller for allowance.

County Auditor – Controller
Finance Building
Martinez, California