DEMAND VENDOR NO. On the Treasury of the 44 D COUNTY OF CONTRA COSTA STATE OF CALIFORNIA DATE _____/___ Made By: **IMPORTANT** (FIRST) NAME (LAST) See Instruction on Reverse Side ADDRESS CITY, STATE ZIP CODE For the sum of ______ Dollars \$ _____ As itemized below: **AMOUNT** DATE **DESCRIPTION** 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 _____ Received, Accepted, and Expenditure Authorized _____ VENDOR NO.

		DEPARTMENT HEAD OR CHIEF DEPUTY						
SUM NO.	INV. DATE	DESCRIPTION	FUND/ORG	. ACC	COUNT	ENCUMBRANCE NO.	P/C	PAYMENT AMT.
								\$
				TASK	OPTION	ACTIVITY		DISCOUNT AMT.
								\$
SUM NO.	INV. DATE	DESCRIPTION	FUND/ORG	. ACC	COUNT	ENCUMBRANCE NO.	P/C	PAYMENT AMT.
								\$
				TASK	OPTION	ACTIVITY		DISCOUNT AMT.
								\$
SUM NO.	INV. DATE	DESCRIPTION	FUND/ORG	. ACC	COUNT	ENCUMBRANCE NO.	P/C	PAYMENT AMT.
								\$
				TASK	OPTION	ACTIVITY		DISCOUNT AMT.
								\$

INSTRUCTIONS 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

(D-15 Rev. 7/77)