CITY OF GRASS VALLEY
125 EAST MAIN STREET
GRASS VALLEY, CA 95945

Claimant: _____ Budget Code Amount

Address: _____

_____

****CLAIMANT - See Below for Instructions****

DATE	QUANTITY	DESCRIPTION	AMOUNT
		TOTAL DEMAND	

I hereby certify upon my own personal knowledge that the articles or service specified in the above claim were necessary and ordered by me for the purpose indicated herein; 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.

_____
City Authorized Signature

The undersigned, under penalty or perjury, states: That the above claim and the items therein set out are true and correct; that no part thereof has been heretofore paid, and that the amount therein is justly due.

_____
Authorized Signature of Claimant

****INSTRUCTIONS:**
All claims must be signed with invoices attached or shall be properly itemized giving names, dates and particular service rendered, character of process served, character of work done, number of days engaged, supplies or materials furnished, to whom, and quantity and price paid therefor. Warrants in payment of approved City Claims will be issued on Wednesday following the second and fourth Tuesday of each month.

REFUND

BE SURE YOUR CLAIM IS PROPERLY SIGNED, OTHERWISE IT WILL BE RETURNED.

REFUND