



**IMPERIAL COUNTY, CALIFORNIA**  
**AUDITOR-CONTROLLER'S OFFICE ACCOUNTING SYSTEM**  
**CLAIM**

1. VENDOR/PAYEE INFORMATION

Vendor Number:

Vendor Name:

Vendor Address:

Address Code: (Select from Drop Down)

2. NAME OF BUDGET UNIT:

3. FUND NUMBER:

4. DEPT PHONE NO.:

5. CHECK FOR PICK-UP:

6. I HEREBY CERTIFY THAT THE ARTICLES OR SERVICE DESCRIBED BY THE INVOICE ATTACHED BELOW HAVE BEEN DELIVERED OR PERFORMED AND THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICES.

I HEREBY CERTIFY THAT THE ARTICLES OR SERVICE DESCRIBED BY THE INVOICE ATTACHED WERE NECESSARY FOR USE BY THE DEPARTMENT OR DISTRICT.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEPARTMENT HEAD

ORGANIZATION KEY	OBJECT CODE	DESCRIPTION	REFERENCE OR INVOICE #	PO# / CN# / PY#	PO Pymt PP or FP	AMOUNT CLAIMED