



Superior Court of California County of Solano

VENDOR CLAIM

PAYEE NAME AND MAILING ADDRESS

COURT ACCOUNTING OFFICE USE ONLY:	
VENDOR NO.	CLAIM NO.
	AP
CHECK ISSUED DATE:	DOCUMENT NO.
	19

G/L ACCT	COST/FUND CENTER	Functional Area PECT	WBS ELEMENT	FUND	AMOUNT
938803	482240	1231	FC 3150	110001	

INVOICE TOTAL	\$	-
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<p>I hereby certify upon my own personal knowledge that the above claim and the statements, items, and amounts as herein set forth are true and correct; that no part thereof has been paid; that the amount claimed is justly due; and that the claim is submitted to the Court within the timeline as set forth in the Court Billing Guidelines.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #FFDAB9;"> <th style="text-align: left; padding: 2px;">SIGNATURE, OFFICER APPROVING PAYMENT</th> </tr> <tr> <td style="padding: 2px;"> certifying that the computations are correct and the claim is therefore approved for payment (<i>This document is considered signed when the claim is actually processed in the Court Financial System</i>) </td> </tr> </table>	SIGNATURE, OFFICER APPROVING PAYMENT	certifying that the computations are correct and the claim is therefore approved for payment (<i>This document is considered signed when the claim is actually processed in the Court Financial System</i>)
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<table style="width: 100%;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">CLAIMANT'S SIGNATURE</td> <td style="width: 40%; border-bottom: 1px solid black;">DATE :</td> </tr> </table>	CLAIMANT'S SIGNATURE	DATE :	
CLAIMANT'S SIGNATURE	DATE :		

DESCRIPTION		
CASE TITLE:		CASE NUMBER:
APPOINTING JUDGE		DEPT. NO.
REPRESENTING: (PLEASE CHECK ONE)	MINOR <input type="checkbox"/>	PARENT <input type="checkbox"/> DATE APPOINTED
DATES OF SERVICE FOR THIS CLAIM (<i>attach detailed invoice and Judge Order on Form FL-323</i>)	FROM: 	TO:

AUTHORIZATION LINE

<p>SIGNATURE, DEPARTMENT HEAD certifying that the articles of goods and services stated in the claim were ordered for the purpose stated hereon; that the goods have been delivered or the services have been performed by the claimant as set forth above.</p>	<p>SIGNATURE, OFFICER APPROVING PURCHASE authorized purchase of the articles of goods and services stated in the claim.</p>
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