Form SOLCLAIM rev 1/25

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	$ -

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.

CLAIMANT'S SIGNATURE **DATE :**

SIGNATURE, OFFICER APPROVING PAYMENT

certifying that the computations are correct and the claim is therefore approved for payment (*This document is considered signed when the claim is actually processed in the Court Financial System)*

DESCRIPTION

CASE TITLE: CASE NUMBER:

APPOINTING JUDGE DEPT. NO.

REPRESENTING: (PLEASE CHECK ONE) MINOR ☐ PARENT ☐ DATE APPOINTED

DATES OF SERVICE FOR THIS CLAIM (*attach detailed invoice and Judge Order on Form FL-323)* FROM: TO:

AUTHORIZATION LINE

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.

SIGNATURE, OFFICER APPROVING PURCHASE authorized purchase of the articles of goods and services stated in the claim.