Northern Sierra Air Quality Management District

Claim For Payment

Payee: _____
Address: _____
_____

Phone Number:_____

Federal Tax l.D. #:_____
CA Sales Tax Permit #:_____
Project Description:

Date	Description	Amount
	TOTAL CLAIM	

*All Claims must be typed, signed, and dated or they will be returned

Provide Authorized Signature
Signature of Claimant Date

Print Name of Authorized Signer
Print Name of Claimant

Administrative Services Use Only

_____
Reviewed By Date

OFFICE USE ONLY

Payment Date _____

Warrant_____

Account # _____

Amount_____

Vendor #_____