

Northern Sierra Air Quality Management District

Claim For Payment

Payee: _____

Address: _____

Phone Number/Email: _____ / _____

Federal Tax I.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: _____

NSAQMD Use Only

Reviewed By: _____ Date: _____

Reviewed By: _____ Date: _____