

CLAIM

VENDOR NO. _____

COUNTY OF MENDOCINO

CLAIM NO. _____

1. NAME AND ADDRESS OF VENDOR

2. NAME OF BUDGET UNIT (DEPARTMENT OR DISTRICT)

3. NAME OF FUND

UNAPPORTIONED

4. COST ACCOUNT

TAX DEEDED LAND SALES

5. AMOUNT	6. FUND CODE 2210	7. BUDGET UNIT CODE	8. ACCOUNT CODE 760316	9. ENCUMBRANCE	AUDITOR USE ONLY	ENCUMBRANCE LIQUIDATION
			11. I HEREBY CERTIFY THAT THE ARTICLES OR SERVICES DESCRIBED BY THE INVOICES ATTACHED BELOW WERE NECESSARY FOR USE BY THE DEPARTMENT.			
			<p style="text-align: right;">SHARI L. SCHAPMIRE DEPARTMENT HEAD</p> <p>DATE _____ BY _____</p>			

ATTACH INVOICES HERE, ENTER ANY EXPLANATORY REMARKS BELOW.

Assessor's Parcel No.

I, the undersigned claimant, request excess proceeds in the amount of \$ _____ resulting from the sale by the state of the above referenced property.

I hereby state that I am the rightful claimant and the excess funds are properly due me. Proof of my interest is evidenced by the document recorded on _____ (date), Book # _____, Page # _____ in the office of the Mendocino County Recorder. (A copy of this recorded document must be attached to your claim.)

I certify under penalty of perjury that the foregoing is true and correct.

Dated _____

Claimant

At _____

Claimant's Address

AUDITOR USE ONLY

INSTRUCTIONS TO CLAIMANTS

1. All claims against the county must be supported by itemized invoices, giving dates and character of service rendered or work performed, quantities, description and unit prices of articles furnished or delivered.
2. All claims must be filed no later than Tuesday of each week to be processed for payment the following Tuesday.
3. Vendor to complete item 1, 2 & 10 only. Vendor retain last copy. Department to retain remaining copy. Original copy with supporting invoices to be delivered to the Office of the Auditor-Controller.