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| correct, | that no pa | I, under the penalty of perjury state t thereof has been heretofore paid be year after the last item thereof ha | , and that the ar | | | | | | |
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| | Tunu | (Depar | | | epartment Head | rtment Head or Chief Deputy) | | | |
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INSTRUCTION TO CLAIMANTS

All claims against the county must be itemized, giving dates and character of service rendered or work performed, quantities, description and unit price of articles furnished or delivered.

The verification statement immediately below the itemization space on this form must be signed by the claimant. If the claimant is not a natural person the signature must be that of the person making the claim, followed by the title which indicates his connection with the claimant. Each claim must be approved by the county officer or department head who ordered the delivery of material or performance of service covered by the claim before filing with the county auditor-controller for allowance.

County Auditor-Controller Finance Building Martinez, California