SUPERIOR COURT OF CALIFORNIA
COUNTY OF YUBA

GENERAL CLAIM FORM

CLAIMANT'S NAME	SSN OR TAX ID NUMBER
POSITION/TITLE	E-MAIL ADDRESS
PHYSICAL ADDRESS	TELEPHONE NUMBER
CITY STATE ZIP CODE	VENDOR NUMBER
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)	
CITY STATE ZIP CODE	

MONTH/DAY/YEAR	QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
CLAIM TOTAL				

CERTIFICATE OF CLAIMANT

I hereby declare under penalty of perjury that the services or items claimed herein have been performed or delivered, that I have not been reimbursed or claimed reimbursement from any other agency for these services/items, and that this Claim Form is true and correct as stated.

Date Signature

COURT APPROVAL

I hereby certify that the services or goods set forth above were requested by authorized court personnel, that the services or goods were delivered or performed.

Date Signature

I hereby approve payment of this Claim Form.

Date Signature

COURT USE ONLY

INVOICE DATE

INVOICE AMOUNT

INVOICE NUMBER

DOCUMENT NUMBER

CHECK NUMBER