

**COUNTY OF TUOLUMNE**

2 South Green Street, Sonora, CA 95370

Vendor #
Voucher #
Auditor Use Only

**Business Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**e-mail address** \_\_\_\_\_

Department COVID 19

Due Date Next check write

Description Business PPE reimbursement Amount \$ \_\_\_\_\_

Invoice # \_\_\_\_\_ Budget # 0001-110990-526059

Description \_\_\_\_\_ Amount \$ \_\_\_\_\_

Invoice # \_\_\_\_\_ Budget # \_\_\_\_\_

Description \_\_\_\_\_ Amount \$ \_\_\_\_\_

Invoice # \_\_\_\_\_ Budget # \_\_\_\_\_

Description \_\_\_\_\_ Amount \$ \_\_\_\_\_

Invoice # \_\_\_\_\_ Budget # \_\_\_\_\_

Description \_\_\_\_\_ Amount \$ \_\_\_\_\_

Invoice # \_\_\_\_\_ Budget # \_\_\_\_\_

**RECEIPTS MUST BE ATTACHED**

TOTAL \_\_\_\_\_

**Receipts from March 1,2020 to November 30, 2020 are valid  
Claim must be received by December 15, 2020**

The undersigned, under the penalty of perjury state that the above claim and the items therein set out are true and correct; that no part thereof has been heretofore paid; and that the amount there is justly due, and that the same is presented within one year of the last item thereof has accrued.

Date \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE BUSINESS OWNER

The undersigned, under the penalty of perjury state that the above claim and the items therein set out are true and correct; that no part thereof has been heretofore paid; and that the amount there is justly due, and that the same is presented within one year of the last item thereof has accrued.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Education & Compliance

Merchandise itemized above has been received or the services claimed have been performed and the expenditures are authorized and approved by me.

I hereby approve the above claim and certify to the correctness of the computations.

Deborah Bautista, Auditor/Controller

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
By: Deputy Auditor