



COUNTY OF SHASTA

**STATE OF CALIFORNIA
AUTHORIZATION FOR
RELEASE OF FUNDS
(ONE INVOICE PER
FORM)**

CLAIMANT NAME:

BURNEY WATER DISTRICT

PEID: _____

**ADDR TYPE
(AP,A1,A2):** _____

INV #: _____

INV DATE: _____

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK																
							NC RE MH	PU AT PT ID																
37,450.00		00495			Water Swim Pool Admin																			
\$37,450.00	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)																		
PO/ CONTRACT/ BLANKET PO # _____ <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input type="checkbox"/>	Transfer of funds to pay for Solar Project completed by Top Hat Energy.			_____ _____ _____														
PARTIAL	FULL																							
<input type="checkbox"/>	<input type="checkbox"/>																							
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim. Signed _____			<table border="1"> <tr> <th>AUDITOR USE ONLY</th> <th colspan="2">DISTRICT USE ONLY</th> </tr> <tr> <td rowspan="5"> I hereby certify that the above claim was examined and approved by this office. By Deputy County Auditor <u>USER ID</u> <u>DATE</u> </td> <td colspan="2">APPROVED BY:</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>			AUDITOR USE ONLY	DISTRICT USE ONLY		I hereby certify that the above claim was examined and approved by this office. By Deputy County Auditor <u>USER ID</u> <u>DATE</u>	APPROVED BY:		BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.		
AUDITOR USE ONLY	DISTRICT USE ONLY																							
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INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.			The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.			_____ _____																		

CLAIMANT SIGNATURE _____
DATE _____

AUTHORIZED SIGNATURE _____
DATE _____