



**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										
171.03		00489			WATER SEWER CAP IMP ADMIN													
153.89		00496			WATER CAP IMP ADMIN													
\$324.92	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"/>	Closing Accounts and Moving Funds into Local Capital Improvements Projects Account.			_____ _____ _____								
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 _____			<b>AUDITOR USE ONLY</b>  I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor USER ID _____  DATE _____			<b>DISTRICT USE ONLY</b> <b>APPROVED BY:</b> <table border="1"> <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>			BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE
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<b>INSTRUCTIONS:</b> 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.			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.			_____ _____												
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 \_\_\_\_\_