

**AUDITOR-CONTROLLER OFFICE INTRANET FORM
VENTURA COUNTY FINANCIAL MANAGEMENT SYSTEM**

GENERAL CLAIM

DATE (MMDDYY)	ITEMIZE DEMAND IN DETAIL: Dates, No. Pieces, Miles Traveled, Rates (Hourly, Daily or Monthly), Service Rendered	TOTAL PRICE	
		Dollars	Cents

CLAIMANT or VENDOR
The undersigned, under penalty of perjury, states: That the above claim and the items set out therein are true and correct; that no part thereof has been heretofore paid; and that the amount is justly due, and that claim is made within one year after the last item has accrued.

DATE _____

DEPARTMENTAL/FISCAL APPROVAL
I hereby certify, upon my own personal knowledge, that the goods and/or services specified in the above claim were reasonable, necessary and for the benefit of the County; that no part thereof has been heretofore paid; that the amount therein is justly due, and that payment of the above claim complies with the County policies and procedures.

Name _____ Phone _____

Department _____

TOTAL	\$	_____	-
--------------	----	-------	---

G A X	DEPT CODE	_____	ID:	_____
Vendor Code/Employee Number		_____	DATE	_____
		MM/DD/YY	DOCUMENT TOTAL	_____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

LINE	FUND	DEPT	UNIT	OBJECT	DEPT OBJ	B S ACCT	ACTIVITY	FUNCTION	TASK
0 1									
JOR PROGRAM		PROGRAM			PHASE		AMOUNT		

LINE	FUND	DEPT	UNIT	OBJECT	DEPT OBJ	B S ACCT	ACTIVITY	FUNCTION	TASK
0 2									
JOR PROGRAM		PROGRAM			PHASE		AMOUNT		

LINE	FUND	DEPT	UNIT	OBJECT	DEPT OBJ	B S ACCT	ACTIVITY	FUNCTION	TASK
0 3									
JOR PROGRAM		PROGRAM			PHASE		AMOUNT		

LINE	FUND	DEPT	UNIT	OBJECT	DEPT OBJ	B S ACCT	ACTIVITY	FUNCTION	TASK
0 4									
JOR PROGRAM		PROGRAM			PHASE		AMOUNT		