

Board of Commissioners Claims Audit Form

Part 1: Vendor Name & Itemized Description of Invoice.

(Vendor's Name, Address, Phone Number)

Date	Quan	Description of Materials or Services	Unit Price	Amount
TOTAL				

Part 2: VENDOR - Complete this section if standard invoice is NOT provided.

_____ says that he/she is the _____ of
(Name) (Title)

_____ the claimant and that the items of the account hereto
(Corporation, Company, Individual)

annexed in the sum of \$_____ are correct and that said account or any part thereof has not been presented to any preceding Commissioners for audit or allowance, that the disbursements and services charged in the said account have, in fact, been made, or necessary to be made and rendered, and no part of said account has

been paid or satisfied. Signature _____ Date _____

Part 3: For Water District Use.

Note all approvals are maintained electronically.

G/L Account	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____