

Calaveras Council of Government (CCOG)

Name and Address of Claimant	CLAIM FOR PAYMENT P.O. Box 280 San Andreas, CA 95249		Jurisdiction:
	209-754-2094 Tel 209-754-2096 FAX		
Description of Project or Purposes of Expenditures:	Check one to indicate use of funds:		
	... Street and Road Purposes		
	... Public Transit - Operating		
	... Public Transit - Capital		
	... 2% Bicycle and Pedestrian Purposes		
	IS THIS THE FINAL CLAIM? ___yes ___no		
	FUND	ACCOUNT	AMOUNT
Expended to date on this project:			
Less amount of the current claim on this project:			
Amount of this claim:			
If this is the final claim for this project, please submit a project completion certification and report with this invoice.	TOTAL CLAIM		

I certify that this claim is in accordance with applicable federal and state laws:
City of Angels Planning Director,

This claim is based on a CCOG approved application and there are adequate funds available in Fund account:
Calaveras Council of Governments,

I certify that I have received all required documents for this claim and that the computations on the documentation and Claims are correct. This claim is approved for payment.
City of Angels Finance Director,
