Calaveras Council of Government (CCOG)

Name and Address of Claimant	CLAIM FOR PAYMENT P.O. Box 280 San Andreas, CA 95249 209-754-2094 Tel 209-754-2096 FAX	Jurisdiction:

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		

SIGNATURE OF CLAIMANT

I certify that this claim is in accordance with applicable federal and state laws:

_____

Signature, of authorized claimant Date

APPROVAL OF DEPARTMENT

This claim is based on CCOG approval Programming and there are adequate funds available in claimant's account:

_____

CCOG Executive Director Date

AUDITOR

I certify that I have received all required document for this claim and that the computations on the documentation and claim are correct. This claim is approved for payment.

_____

Kathy Gomes, Auditor Controller Date