

Enter post office address on claim immediately below name of claimant. All claims against the county must be duly signed and filed with the County Auditor three days prior to the time of the meeting of the Board at which it is asked to be allowed, and must be properly itemized by the claimant, giving names, dates and particular service rendered, character of process served, upon whom, distance traveled, where and when, character of work done, number of days engaged, materials furnished, to whom, and quantity and price paid therefor.

Claims must be signed by the claimant. All claims made on behalf of a corporation or a co-partnership must not be signed in the name of the corporation or co-partnership, but by an officer of the corporation or a member of the co-partnership or by the bookkeeper or other person in the employ of either having knowledge of the account or claim.

Claimants performing services or supplying articles to two or more County Departments must make SEPARATE claims for each department. Enter on this claim the day, month and year when the liability accrued.

Regular meeting of the Board of Supervisors for the settlement of claims against the County, FIRST MONDAY AND THIRD MONDAY IN EACH MONTH.

COUNTY CLAIM
COUNTY OF SAN LUIS OBISPO
STATE OF CALIFORNIA

CLAIM OF MR. ARTHUR BEAL WARRANT No. (Leave Blank)
ADDRESS CAMBRIA, CALIF
FURNISHED TO Cambria Garbage Disposal Dist. (Name of Department)

Table with columns: DATE 1953, DESCRIPTION, DOLLARS, CTS. Entry: Sept 1 thru Sept 15, Driving Garbage Truck, \$105-

PURCHASE ORDER NO. Claimant's Invoice Number This claim must be signed by claimant or their agent as in "INSTRUCTIONS" printed above. \$

I HEREBY CERTIFY that the above claim and the items, amounts and statements as therein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last items thereof has accrued.

CLAIMANT SIGN HERE

Handwritten signature of Arthur Beal

ASSIGNMENTS

FOR VALUE RECEIVED, I hereby sell, assign, transfer and set over to All my right, title and interest in the above claim. Signed (Claimant) Signed (Wife of Claimant) Second Assignment

CLAIMANT-DO NOT WRITE BELOW THIS LINE

FUND DEPARTMENT BUDGET No. APPROVED BY HEAD OF DEPARTMENT

I have examined the within claim and assuming the facts therein stated to be true, find the same is a legal claim against the County for the sum of \$ DISTRICT ATTORNEY

APPROVED AND ORDERED PAID AT THE REGULAR MEETING OF THE BOARD OF SUPERVISORS ON

DOLLARS CENTS Date

I hereby approve the above claim and certify to the correctness of the computations.

WILLIS H. CHASE, Auditor