



PHYLLIS S. TAYNTON, CPA
AUDITOR-CONTROLLER

CLAIM FOR UNCLAIMED MONIES

AUDITOR'S OFFICE ONLY

CLAIM NO. _____

VENDOR NO. _____

POSTING DATE _____

TREASURER'S OFFICE ONLY

PROBATE NO. _____

OTHER _____

NAME AND ADDRESS OF CLAIMANT

Name _____

Address _____

City/State/Zip Code _____

GROUND'S UPON WHICH CLAIM IS BASED:

(Attach all documentation to support your claim.)

Internal Use Only

Fund / Org	ACCT	Amount	Prior Warrant Number	Prior Issue Date

CERTIFICATION OF CLAIMANT

If the total amount claimed is greater than \$50 the SIGNATURE MUST BE NOTARIZED

I certify under penalty of perjury that the information contained in this claim is true and correct, and of my own personal knowledge.

I further certify that I am the owner of this claim, and am the person entitled to the money and property set forth in this claim.

SIGNED: _____

NOTARY ACKNOWLEDGMENT

State of California } ss.

County of _____ }

On _____, before me, _____, Notary Public, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this document and acknowledged to me that he/she executed the same in his/her authorized capacity, that by his/her signature on this document the person, or the entity upon behalf of which the person acted, executed this document.
Witness my hand and official seal.

(Seal)

DO NOT WRITE IN THE SPACE BELOW THIS LINE

DISPOSITION

____ Accepted

____ Rejected

Solano County Treasurer

THIS CLAIM IS APPROVED FOR PAYMENT.

Phyllis S. Taynton, CPA

BY: _____

AUDITOR-CONTROLLER

Reversal

Processed _____

Date _____