44 | D

VENDOR NO. | | | | | |

A/C | |

DEMAND

On the Treasury of the

COUNTY OF CONTRA COSTA

STATE OF CALIFORNIA

DATE ____/____/____

Made By:

NAME (LAST) (FIRST)

ADDRESS

CITY, STATE ZIP CODE

IMPORTANT
See Instruction on Reverse Side

For the sum of _____ Dollars $ _____

As itemized below:

DATE	DESCRIPTION	AMOUNT

The undersigned under the penalty of perjury states: That the above claim and the items as therein set out are true and correct; that no part thereof has been heretofore paid, and that the amount therein is justly due, and that the same is presented within one year after the last item thereof has accrued.

Signed _____

VENDOR NO. | | | | | |

Received, Accepted, and Expenditure Authorized _____

DEPARTMENT HEAD OR CHIEF DEPUTY

SUM NO.	INV. DATE	DESCRIPTION	FUND/ORG.	ACCOUNT	ENCUMBRANCE NO.	P/C	PAYMENT AMT.
							$
			TASK	OPTION	ACTIVITY		DISCOUNT AMT.
							$
SUM NO.	INV. DATE	DESCRIPTION	FUND/ORG.	ACCOUNT	ENCUMBRANCE NO.	P/C	PAYMENT AMT.
							$
			TASK	OPTION	ACTIVITY		DISCOUNT AMT.
							$
SUM NO.	INV. DATE	DESCRIPTION	FUND/ORG.	ACCOUNT	ENCUMBRANCE NO.	P/C	PAYMENT AMT.
							$
			TASK	OPTION	ACTIVITY		DISCOUNT AMT.
							$

(D15 Rev. 10/77)
http://gsdnet.co.contra-costa.ca.us/webdocs/administrative_services/forms/Demand.doc