

CLAIM AND VOUCHER FOR REFUND OF MONEY

This form can be filled out online, however it cannot be saved. After document has been signed, claim must be filed with the originating department

PAYEE _____ ADDRESS _____ DATE _____

TO COUNTY OF SAN DIEGO FOR _____
Originating Department's Name and Address

Request is hereby made that under the authority of section 26906 of the Government Code and Board of Supervisor Resolution No. 62 dated October 22, 1970, the County Auditor and Controller draw his Warrant on the County Treasurer refunding the sum of \$ _____ erroneously deposited in the County Treasury. The following are the facts constituting the erroneous payment:

On the _____ date of _____ the sum of \$ _____ was paid to _____ for _____
_____. Receipt number _____ was issued to me.

The refund is hereby requested for the reason that _____

The undersigned states: That the above claim and the items as set out are true and correct; and that the amount claimed is justly due.

EXECUTED on _____ at SAN DIEGO COUNTY, CALIFORNIA

I declare under penalty of perjury that the foregoing is true and correct _____
Claimant Signature

FOR VALUE RECEIVED, I hereby release and discharge The County Of San Diego and it's officers, employees, and agents, from all rights, demands, and causes of action of any kind, present or future, known or unknown, relating to this claim.

Signature Date

FOR DEPARTMENT USE

I certify that the above facts are true and correct and that the sum claimed is due and owing to said claimant and was deposited by me as follows:

Project: _____ Exp. Type: _____

Task: _____

Award: _____ Exp. Org _____

By Deposit Permit No. _____ Dated _____

AUTHORIZED SIGNATURE

TITLE

PAY GROUP _____

SUPPLIER # _____

INVOICE # _____

PREPARED BY _____

PHONE () - _____

AUTHORITY **BS 10-22-70 #62**

ORCAP006 7/2/2004

