

Instructions for New Claim Forms

If you look at the bottom of this sheet you will see several tabs. There is a claim form template, two sample claim forms and this instruction sheet. Simply click the tab to access each sheet. Please review the sample claims before using this template for the first time. If you have several lines of account coding with different account numbers/descriptions (for example a requisition claim), you can list them separately as shown on sample claim 1. If you have one line of account coding but need to itemize costs for audit purposes (as in a travel claim) you would complete it like is shown in sample claim 2.

Please note that the keypunch description cannot be longer than 20 characters. If you wish to include a more detailed description, please do it in the lower portion of the claim. The keypunch description is what will appear in the ledgers to identify the transaction, so use something short and descriptive in this area. If you include a lot of unnecessary detail in the description area, we must attempt to determine which part of it we should key and what we can leave off and the result is a lot of wasted time on our part and a lot of descriptions in the ledgers that mean nothing to the department the transaction affects.

I am trying to design something that works well for your needs and is also compatible with our accounting system - and am having to fine tune things as we go along. So if you run into a problem that with this form that I perhaps haven't anticipated, please give me a call so we can resolve it. Suggestions welcome!!!

Dawn Perkins

**KINGS COUNTY
DEPARTMENT OF FINANCE**

FOR RELEASE OF FUNDS

DEPARTMENT/DISTRICT REQUESTING PAYMENT Department of Finance

VENDOR NO. _____ VENDOR NAME County Employee TOTAL CLAIM \$ 132.99

INVOICE DATE 12/7/2009 VENDOR ADDRESS 1400 W Lacey Blvd
Hanford, CA 93230

FOR AUDITOR'S USE ONLY:

SINGLE CK? Y/N: _____

1099? Y/N: _____

Fund/Budget Unit Number	Account Number	Project Number	20 Character Key punch Description	Amount
121000	82229010		10/02 Conference	132.99
			Itemization: Amount	
			Hotel 75.00	
			Gas 22.24	
			Parking 0.75	
			Lunch 10/2 6.00	
			Dinner 10/2 17.00	
			Breakfast 10/3 5.00	
			Lunch 10/2 7.00	

**KINGS COUNTY
DEPARTMENT OF FINANCE
CLAIM AUTHORIZATION
FOR RELEASE OF FUNDS**

DEPARTMENT/DISTRICT REQUESTING PAYMENT Department of Finance

VENDOR NO. _____ VENDOR NAME County Employee TOTAL CLAIM \$ 44.00

INVOICE DATE 12/7/2009 VENDOR ADDRESS 1400 W Lacey Blvd
Hanford, CA 93230

FOR AUDITOR'S USE ONLY:

SINGLE CK? Y/N: _____

1099? Y/N: _____

Fund/Budget Unit Number	Account Number	Project Number	20 Character Keypunch Description	Amount
121000	82222000		Paper	15.00
121000	82222000		Files	17.00
121000	82222000		Calculator Ribbons	12.00
			Itemization:	Amount