Vendor No.

Demand On Yuma County

State Of Arizona

By_____

Customer #

Inv #

For Value received_____
Hereby transfer this claim to_____
_____
_____
Filed_____
_____Clerk of Board of Supervisors

Allowed and ordered paid to the amount of
$_____out of the
_____fund
_____date
_____
Chairman of Board of Supervisors
_____
Member
_____
Member

A Legal Charge
_____
County Attorney
_____
Deputy

In order that the obligation herein itemized can be included in the monthly Budget Allowance and audited for payment, demands must be filed with the Board of Supervisors by the 12th and 27th of the months

_____
AUTHORIZED SIGNATURE

DOCKET NO_____

DISTRIBUTION