AUDITOR-CONTROLLER OFFICE INTRANET FORM

VENTURA COUNTY FINANCIAL MANAGEMENT SYSTEM

TEXT BOOK AND TUITION CLAIM FORM

DATE (MMDDYY)	ITEMIZED DEMAND	TOTAL PRICE Dollars	Cents
	TUITION REIMBURSEMENT:		
	TEXTBOOK REIMBURSEMENT:		
	SCHOOL:		
	COURSE TITLE:		
	COURSE DATE(S):		

CLAIMANT

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

X_____

DATE

DEPARTMENTAL/FISCAL APPROVAL

I hereby certify, upon my own personal knowledge, that the goods and/or services specified in the above claim were reasonable, necessary and for the benefit of the County; that no part thereof has been heretofore paid; that the amount therein is justly due, and that payment of the above claim complies with the County policies and procedures.

Name _____ **Phone** _____

Signature

TOTAL

G	A	X	DEPT:	UNIT:	ID:

Vendor Code/Employee Number	Date (MMDDYY)	DOCUMENT TOTAL

NAME _____ TITLE _____ UNION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

LINE	FUND	DEPT	UNIT	OBJECT	DEPT OBJ	B S ACCT	ACTIVITY	FUNCTION	TASK
0 1									

MAJOR PROGRAM	PROGRAM	PHASE	AMOUNT

PAOF-911 (6/2015) TT - 002