

Nye County, Nevada  
Vendor Claim Form

VENDOR NO. NAME ADDRESS CITY & STATE ZIP TYPE OR PRINT COMPLETE NAME & ADDRESS	CHECK NO. DATE PAID DATE DEPT P.O. NO.
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ACCOUNT NO.	DESCRIPTION	INVOICE NUMBER	TOTAL
		<b>TOTAL AMOUNT</b>	0.00

I HEREBY CERTIFY UNDER THE PENALTY OF PERJURY that the above claim and items, amounts and statements as herein set out are true and correct, that no part thereof has been heretofore paid, that the amount claimed is justly due.	I certify that the foregoing claim is (or attached claims are) correct and just, that same were necessarily contracted for County purposes; that same is now provided fro by law and in pursuant to Court Order  Signed _____ <div style="text-align: center;">(Title)</div>	<div style="text-align: center;"><b>AUDITOR</b></div> Invoice Checked    Date and Initials  	<div style="text-align: center;">Board of County Commissioners</div>  <div style="text-align: right;">Chairman</div>
Prepared by / Claimant  	District Judge  <div style="text-align: right;">(Clerk of Court)</div>		
Department Head			