Northern Sierra Air Quality Management District

Claim For Payment

Payee: _____

Address: _____

_____

Phone Number/Email: _____ / _____

Federal Tax l.D. #: _____

CA Sales Tax Permit #: _____

Project Description:

Date	Description	Amount
	TOTAL CLAIM	

*All Claims must be typed, signed, and dated or they will be returned

Provide Authorized Signature

Signature of Claimant: Date:

Print Name of Authorized Signer

Print Name of Claimant:

NSAQMD Use Only

_____

Reviewed By: Date:

_____

Reviewed By: Date: