

## MARION COUNTY, INDIANA Claim Form

**INSTRUCTIONS:**

Note: Invoices will only be paid as provided by IC 5-11-10-1 if this section is completed and returned to:

**Marion County Auditor  
 200 E. Washington St., Suite 801  
 Indianapolis, IN 46204**

- 1) **CLAIMANT:** Provide vendor name that warrant should be made out to and address **where warrant is to be mailed.**
- 2) **CLAIM DETAILS:** Itemize total claim amount by type of item(s) or services(s) provided. If invoice provides detail, include a general description. Amount of claim must equal amount of invoice. Do not include State Sales Tax or Federal Tax – Exemption Number:

**00315 7202 0010**

**ATTACH ORIGINAL INVOICE.**

- 3) **CERTIFICATION:** Provide vendor division or subsidiary name to appear on warrant. A certification signature is required by an authorized company representative. Indicate title of representative and date of signature.

1) **CLAIMANT:** Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2) CLAIM DETAILS:**

P. O. NO.	NO. OF ITEMS	DESCRIPTION	AMOUNT
TOTAL			

- 3) **CERTIFICATION:**  
 I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

\_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_

VENDOR DIVISION / SUBSIDIARY

\_\_\_\_\_ TAXPAYER IDENTIFICATION NUMBER (TIN):

AUTHORIZED COMPANY REPRESENTATIVE

\_\_\_\_\_

TITLE **Federal I.D. or S. S. # - 9 digits. Required**