

CLAIMS FOR August 2023					
DATE	AMOUNT	DESCRIPTION			
8/1	127.77	Household expense bathroom supplies			
8/1	51.19	phone bill for SR branch August			
8/3	25.00	Membership Northern California Literacy Coalition Membership			
8/3	139.94	Fix water heater leak			
8/9	52.00	Fingerprint reimbursement for Tess			
8/16	188.13	Office Supplies			
8/16	282.11	Pacific Power			
8/17	132.41	Household expense bathroom supplies			
8/18	63.80	Mileage reimbursement for Phyllis			
8/21	96.26	Trash pick up recology			
8/22	87.32	Crescent City Water			
8/22	102.38	Frontier SR branch September			
8/23/2023	55.00	Living Pop ups digital kit			
8/28	135.66	Frontier DN Reads September			
8/28	9,386.91	Cal Card			
TOTAL	10,925.88				

DEPARTMENT CLAIM FORM - REQUEST FOR PAYMENT

Vendor ID: 18096

PAY TO THE ORDER OF

US BANK CORPORATE PAYMENT SYSTEMS

PO BOX 790428

ST LOUIS, MO 63179-0428

Fiscal Year 2023-2024

TOTAL CLAIM \$ 340.89

COUNTY OF DEL NORTE

Auditor - Controller

AUDITOR USE ONLY

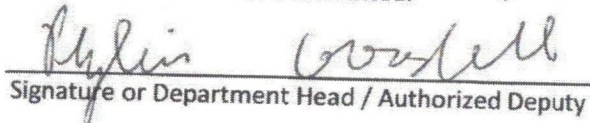
PAGE 1 OF 9

Special Warrant Routing

DISTRIBUTION

Account (Fund-Dept-Line-Proj)	Amount	Invoice	Description
414-070-20284-003	24.76	2825044	Zip Book
414-070-20284-003	22.72	3097066	Zip Book
414-070-20284-003	17.66	9329215	Zip Book
414-070-20284-003	31.66	6320268	Zip Book
414-070-20284-003	27.01	5441834	Zip Book
414-070-20284-003	20.68	5652233	Zip Book
414-070-20284-003	7.57	2787435	Zip Book
414-070-20284-003	31.25	3119469	Zip Book
414-070-20284-003	15.69	0626623	Zip Book
414-070-20284-003	41.07	9453034	Zip Book
414-070-20284-003	34.93	5841831	Zip Book
414-070-20284-003	26.73	7802645	Zip Book
414-070-20284-003	26.25	1287464	Zip Book
414-070-20284-003	12.91	8981082	Zip Book

I hereby certify the articles or services described on the attached invoices were necessary for use by the department and have been received, and that no prior claim for same has been submitted.

  
Signature or Department Head / Authorized Deputy

8/28/23

Date



# DEPARTMENT CLAIM FORM - REQUEST FOR PAYMENT

Vendor ID: 18096

## PAY TO THE ORDER OF

US BANK CORPORATE PAYMENT SYSTEMS  
PO BOX 790428  
ST LOUIS, MO 63179-0428

Fiscal Year 2023-2024

TOTAL CLAIM \$ 301.72

COUNTY OF DEL NORTE

Auditor - Controller

AUDITOR USE ONLY

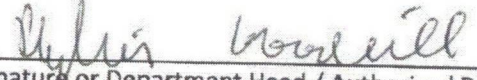
PAGE 2 OF 9

Special Warrant Routing

## DISTRIBUTION

Account (Fund-Dept-Line-Proj)	Amount	Invoice	Description
414-070-20284-003	17.49	1088201	Zip Book
414-070-20284-003	27.79	0370614	Zip Book
414-070-20284-003	7.57	4305804	Zip Book
414-070-20284-003	35.08	0929850	Zip Book
414-070-20284-003	25.80	4332251	Zip Book
414-070-20284-003	23.26	9217867	Zip Book
414-070-20284-003	18.93	9529062	Zip Book
414-070-20284-003	18.40	9039414	Zip Book
414-070-20284-003	11.90	5340228	Zip Book
414-070-20284-003	13.52	9522646	Zip Book
414-070-20284-003	24.06	0056204	Zip Book
414-070-20284-003	24.35	3461846	Zip Book
414-070-20284-003	20.55	1844227	Zip Book
414-070-20284-003	33.02	6739454	Zip Book

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Signature of Department Head / Authorized Deputy

8/28/23

Date

# DEPARTMENT CLAIM FORM - REQUEST FOR PAYMENT

Vendor ID: 18096

PAY TO THE ORDER OF

US BANK CORPORATE PAYMENT SYSTEMS

PO BOX 790428

ST LOUIS, MO 63179-0428

Fiscal Year 2023-2024

TOTAL CLAIM \$ 226.68

COUNTY OF DEL NORTE

Auditor - Controller

AUDITOR USE ONLY

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Special Warrant Routing

## DISTRIBUTION

Account (Fund-Dept-Line-Proj)	Amount	Invoice	Description
414-070-20284-003	-10.97	6525025	Zip Book - Credit
414-070-20284-003	12.11	3923446	Zip Book
414-070-20284-003	22.16	2498649	Zip Book
414-070-20284-003	36.04	1178616	Zip Book
414-070-20284-003	21.60	7298618	Zip Book
414-070-20284-003	14.02	9897845	Zip Book
414-070-20284-003	14.02	7634611	Zip Book
414-070-20284-003	9.33	9395443	Zip Book
414-070-20284-003	19.47	5212234	Zip Book
414-070-20284-003	18.18	9666634	Zip Book
414-070-20284-003	17.17	1229013	Zip Book
414-070-20284-003	17.53	2909831	Zip Book
414-070-20284-003	6.46	0706656	Zip Book
414-070-20284-003	29.56	7403426	Zip Book

I hereby certify the articles or services described on the attached invoices were necessary for use by the department and have been received, and that no prior claim for same has been submitted.

*Kylin Goodrich*  
Signature or Department Head / Authorized Deputy

8/28/23

Date



# DEPARTMENT CLAIM FORM - REQUEST FOR PAYMENT

Vendor ID: 18096

**PAY TO THE ORDER OF**

US BANK CORPORATE PAYMENT SYSTEMS

PO BOX 790428

ST LOUIS, MO 63179-0428

Fiscal Year 2023-2024

**TOTAL CLAIM \$ 246.79**

COUNTY OF DEL NORTE

Auditor - Controller

AUDITOR USE ONLY

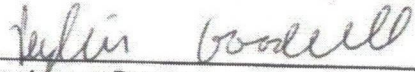
PAGE 4 OF 9

Special Warrant Routing

## DISTRIBUTION

Account (Fund-Dept-Line-Proj)	Amount	Invoice	Description
414-070-20284-003	9.48	4073018	Zip Book
414-070-20284-003	21.07	7265013	Zip Book
414-070-20284-003	11.00	6833814	Zip Book
414-070-20284-003	14.83	3193063	Zip Book
414-070-20284-003	20.59	4975422	Zip Book
414-070-20284-003	10.81	1912215	Zip Book
414-070-20284-003	15.36	7752213	Zip Book
414-070-20284-003	13.20	0589016	Zip Book
414-070-20284-003	27.05	8858645	Zip Book
414-070-20284-003	18.39	7055450	Zip Book
414-070-20284-003	31.24	9728251	Zip Book
414-070-20284-003	21.64	8069805	Zip Book
414-070-20284-003	12.33	2870640	Zip Book
414-070-20284-003	19.80	7093017	Zip Book

I hereby certify the articles or services described on the attached invoices were necessary for use by the department and have been received, and that no prior claim for same has been submitted.

  
Signature or Department Head / Authorized Deputy

8/28/23

Date

DEPARTMENT CLAIM FORM - REQUEST FOR PAYMENT

Vendor ID: 18096

PAY TO THE ORDER OF

US BANK CORPORATE PAYMENT SYSTEMS  
PO BOX 790428  
ST LOUIS, MO 63179-0428

Fiscal Year 2023-2024

TOTAL CLAIM \$ 279.44

COUNTY OF DEL NORTE  
Auditor - Controller

AUDITOR USE ONLY

PAGE 5 OF 9

Special Warrant Routing

DISTRIBUTION

Account (Fund-Dept-Line-Proj)	Amount	Invoice	Description
414-070-20284-003	18.38	2984261	Zip Book
414-070-20284-003	16.23	7630618	Zip Book
414-070-20284-003	12.98	1445022	Zip Book
414-070-20284-003	12.98	3846605	Zip Book
414-070-20284-003	16.70	7108238	Zip Book
414-070-20284-003	24.03	8837869	Zip Book
414-070-20284-003	16.18	5992200	Zip Book
414-070-20284-003	34.63	7348215	Zip Book
414-070-20284-003	11.94	6390669	Zip Book
414-070-20284-003	24.35	9398652	Zip Book
414-070-20284-003	23.25	5237030	Zip Book
414-070-20284-003	24.89	2589820	Zip Book
414-070-20284-003	13.42	1170626	Zip Book
414-070-20284-003	29.48	3244261	Zip Book

I hereby certify the articles or services described on the attached invoices were necessary for use by the department and have been received, and that no prior claim for same has been submitted,

Kyle Goodell  
Signature or Department Head / Authorized Deputy

8/28/23

Date



# DEPARTMENT CLAIM FORM - REQUEST FOR PAYMENT

Vendor ID: 18096

## PAY TO THE ORDER OF

US BANK CORPORATE PAYMENT SYSTEMS

PO BOX 790428

ST LOUIS, MO 63179-0428

Fiscal Year 2023-2024

TOTAL CLAIM \$ 2,794.75

COUNTY OF DEL NORTE

Auditor - Controller

AUDITOR USE ONLY

PAGE 6 OF 9

Special Warrant Routing

## DISTRIBUTION

Account (Fund-Dept-Line-Proj)	Amount	Invoice	Description
414-070-20284-003	30.17	9761039	Zip Book
414-070-20284-003	20.30	6576205	Zip Book
414-070-20284-003	25.59	4171426	Zip Book
414-070-20284-003	16.04	2635432	Zip Book
414-070-20284-003	30.08	0482662	Zip Book
414-070-20284-003	18.86	8174605	Zip Book
414-070-20284-003	14.34	3542632	Zip Book
414-371-20286	18.60		Books - Erin Kraemer
414-371-20224	104.97		Walmart - Thermal/Paper
414-371-20287	12.60		4 Boxes of Pencils
414-371-20283	335.89		Books - Erin Kraemer
414-371-20287	49.69	7373826	Canopy Tent Gazebo
414-371-20287	2073.29		Books for Tolowa Day
414-070-20224	44.33	5789042	Black Printer Toner

I hereby certify the articles or services described on the attached invoices were necessary for use by the department and have been received, and that no prior claim for same has been submitted.

*Heather Goodwill*

Signature or Department Head / Authorized Deputy

8/28/23

Date

# DEPARTMENT CLAIM FORM - REQUEST FOR PAYMENT

Vendor ID: 18096

PAY TO THE ORDER OF

US BANK CORPORATE PAYMENT SYSTEMS

PO BOX 790428

ST LOUIS, MO 63179-0428

Fiscal Year 2023-2024

TOTAL CLAIM \$ 2,366.61

COUNTY OF DEL NORTE

Auditor - Controller

AUDITOR USE ONLY

PAGE 7 OF 9

Special Warrant Routing

## DISTRIBUTION

Account (Fund-Dept-Line-Proj)	Amount	Invoice	Description
414-070-20224	22.68	5926653	Color Printer Toner
414-070-20224	21.64	4765004	Black Printer Toner
414-070-20227	-32.99	4997055	Refund - Craft Supplies
414-070-20284-004	7.99	5475411	Kindle - Book
414-070-20228	31.96	3605852	Items for Prize Bags
414-070-20121	15.99		Zoom Video
414-070-20294	1174.82	146089	Bulk Book Order
414-070-20228	15.14	3656244	Items for Prize Bags
414-070-20224	58.94	5235448	Memo Pads / Black Printer Toner
414-070-20294	-86.34	146089	Refund - Books
414-070-20294	973.11	7000981268	Books
414-070-20228	44.36	1628212	Prize Giveaways
414-070-20284-004	17.77	0187437	Munson Book
414-070-20228	101.54	725730729	Craft Supplies

I hereby certify the articles or services described on the attached invoices were necessary for use by the department and have been received, and that no prior claim for same has been submitted.

Dylan Goodell  
Signature or Department Head / Authorized Deputy

8/28/23

Date



# DEPARTMENT CLAIM FORM - REQUEST FOR PAYMENT

Vendor ID: 18096

PAY TO THE ORDER OF

US BANK CORPORATE PAYMENT SYSTEMS

PO BOX 790428

ST LOUIS, MO 63179-0428

Fiscal Year 2023-2024

TOTAL CLAIM \$ 2,385.73

COUNTY OF DEL NORTE

Auditor - Controller

AUDITOR USE ONLY

PAGE 8 OF 9

Special Warrant Routing

## DISTRIBUTION

Account (Fund-Dept-Line-Proj)	Amount	Invoice	Description
414-070-20294	1864.06	226524	Books
414-070-20294	100.00		Storage Unit for Giveaway Books
414-070-20224	80.68	6485819	Printer Toner
414-070-20121	23.00		Constant Contact Billing
414-070-20121	15.99	213220854	Zoom Pro Subscription
414-070-20284-004	18.72	3944233	Book
414-070-20228	17.50	26854645	Munson - Prize Bags
414-070-20284-004	25.19		Munson
414-070-20224	-7.72	6485819	Refund/Credit
414-070-20284-004	29.18	3285029	Munson
414-070-20284-004	-.14	8526656	Refund/Credit Munson
414-070-20284-004	30.30	3068206	Munson
414-070-20284-004	149.28	7000988732	Munson
414-070-20294	39.69	7000988732	Munson

I hereby certify the articles or services described on the attached invoices were necessary for use by the department and have been received, and that no prior claim for same has been submitted.

*[Signature]*  
Signature or Department Head / Authorized Deputy

8/28/23

Date

## DEPARTMENT CLAIM FORM - REQUEST FOR PAYMENT

Vendor ID: 18096

**PAY TO THE ORDER OF**

US BANK CORPORATE PAYMENT SYSTEMS

PO BOX 790428

ST LOUIS, MO 63179-0428

Fiscal Year 2023-2024

**TOTAL CLAIM \$ 444.30**

COUNTY OF DEL NORTE

**Auditor - Controller**

AUDITOR USE ONLY

**PAGE 9 OF 9 Total: \$9386.91**

Special Warrant Routing

## DISTRIBUTION

[illegible]

I hereby certify the articles or services described on the attached invoices were necessary for use by the department and have been received, and that no prior claim for same has been submitted.

Philip Goodell

Signature or Department Head / Authorized Deputy

8/28/23

Date \_\_\_\_\_