



Orange County Fire Authority

Claim for Payment

Pursuant to California Government Code Section 50050, I submit a claim for the moneys identified below.

Name and Address of Claimant: _____

Daytime Phone Number: _____

Social Security Number: _____

California Driver's License Number (Attach photocopy): _____

Amount of Claim: _____

Grounds on Which the Claim is Founded
(Reasons you believe you are entitled to the money):

I certify this claim is valid and true, and that I believe I am entitled to these moneys.

Signature: _____ Date: _____

Please mail this form to: Orange County Fire Authority
Attention: Treasurer
1 Fire Authority Road
P O Box 57115
Irvine, CA 92619-7115
(714) 573-6300

It may take as much as 30 days to process your claim. Please do not call OCFA until 30 days have passed since you submitted your claim.

Finance Department Use Only:

Date Received: _____

Recommended Action:

Approve Check #: _____ Date: _____

Deny Reason: _____

By: _____
AP/Payroll Manager

Approve Deny

Auditor

Treasurer