

CITY OF SAN MARCOS

1 Civic Center Drive
San Marcos, CA 92069-1050
760/744-1050

REFUND

INSTRUCTIONS TO CLAIMANTS: itemize refund, giving names, dates, places, and particular service rendered, number of days engaged, material furnished, to whom delivered, quantity and price.

Certify to correctness of claim in space provided for "Claimants" below, and then file with the **CITY OF SAN MARCOS**.

Allow 3 – 4 weeks for processing of check.

A \$ _____ retention fee will be deducted from amount due, if applicable.

DEMAND OF:

ON THE TREASURY OF
CITY OF SAN MARCOS

DATE	ITEMS	AMOUNT

I declare under penalty of making a false statement that the foregoing account is a correct, legitimate and true claim against the City for the full amount for which the same is presented and the items therein contained were furnished to said City; that the said amount accrued as set forth therein is due and no part of the same had been paid.

Claimant _____ Date: _____

By: _____