

Auditor

RESOLUTION NO. 730

PAYMENT OF CLAIMS

It appearing to the Board of Mason County Commissioners that a uniform procedure is necessary for the payment of claims against the County; and,

WHEREAS, each elected official or appointed department head, hereafter referred to as OFFICER, is responsible for verification and certification of claims against his political subdivision;

IT IS HEREBY RESOLVED THAT:

1. Each claim against the County for materials, services, labor or other contractual purpose, RCW 42.24.080, shall be submitted to the County Auditor on a voucher form, CURRENT EXPENSE FUND, (exhibit I attached); and further,

THAT each such voucher shall be fully completed before submitted EXCEPT for the spaces provided for Warrant No. and for Examined and Allowed date and signatures, and with entries in the Dept. Use Only column being optional; and further,

THAT a sufficiently detailed and complete description shall be entered on the face of the voucher itself (in the area headed (DESCRIPTION) on exhibit I attached) so that a reasonable person of ordinary knowledge will know and understand the nature of the material, services, labor or other contractual purpose for which the claim is being submitted without further recourse to or examination of other substantiating documents; and further,

THAT the certification statement shall be signed by the officer; and further,

THAT any and all bills, letters, or other documents substantiating the claim and received from the payee shall be attached to the voucher at time of submittal to the County Auditor.

2. Each claim against the County for reimbursement of any expenditures by officers or employees for transportation, lodging, meals or any other authorized purpose, RCW 42.24.090, shall be submitted to the County Auditor on CLAIM FOR EXPENSE form (exhibit II attached); and further,

THAT each voucher shall be fully completed before submittal EXCEPT for the spaces provided for Warrant No. and for Examined

and Allowed date and signature; and further,

THAT the certification statement shall be signed by the officer or employee submitting the claim with an "O.K." signature by the officer; and further,

THAT the person who originated the claim shall retain in his possession any and all substantiating bills, receipt, or other such document until completion of the next subsequent State audit.

3. In the event of an emergency such as the prolonged absence of an officer, the Board of County Commissioners may designate in writing an alternate who shall then be responsible for certifying vouchers and claims for expenses during the emergency.

4. The County Auditor shall review all submitted claims for proper completion and signatures and shall return any claim not properly completed or signed to the originating officer.

5. The County Auditor shall submit properly completed and signed claims, or, in the alternative may prepare a Blanket Voucher Approval (exhibit III attached) and submit it along with the substantiating vouchers or reimbursement claims to the Board of County Commissioners for it's examination and signature approval; PROVIDED THAT, in conjunction with a Blanket Approval, a statement must be entered into the minutes of the Board:

"Vouchers Nos. _____ through _____ have been approved for payment this ___ day of _____, 19__."

6. This resolution shall be effective immediately upon passage.

MASON COUNTY COMMISSIONERS

DATED this 17th day of January 1977

John Barickman
Chairman

ATTEST:

Ruth E. Boyesen

RUTH E. BOYSEN
Clerk of the Board

Flora C. Cole
Commissioner

APPROVED AS TO FORM:

How Taylor
Commissioner

Byron E. McClanahan

BYRON E. McCLANAHAN
Prosecuting Attorney

1-17-77

(EXHIBIT I)

VOUCHER

COUNTY OF MASON

Warrant No.....

Current Expense Fund

To.....

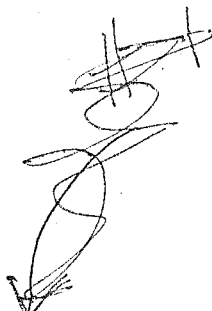
Date.....

Address.....

Office.....

City..... State.....

Budget Item.....

Month	Day	(DESCRIPTION)	Quantity	Unit Price	Amount	Dept. Use Only
						

I, the undersigned do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due and unpaid obligation against Mason County, and that I am authorized to authenticate and certify to said claim.

Signature of Officer.....

Title of Officer.....

Total \$.....

Examined and Allowed:

....., 19.....

Chairman

Board of County Commissioners

CLAIM FOR EXPENSES (EXHIBIT II)

mant _____

Warrant No. _____

Date _____

Office _____

Budget Item _____

	MEALS				Hotel Room	Miles	LOCATION	PURPOSE OR REASON FOR TRIP
	Break.	Lunch	Dinner					

OTHER EXPENDITURES AS PER RECEIPTED SUB-VOUCHERS ATTACHED

Day	PAID TO	FOR	Account Number	AMOUNT
	Meals			
	Lodging			
	Mileage			
	Other			
TOTAL \$				

(Notary Public NOT Necessary)

Dept. _____

O. K. _____

Total \$ _____

Examined and Allowed: _____

_____, 19___

Chairman

Board of County Commissioners

I, holding the office of _____ having herewith presented my itemized
 report for expenses for the period ending _____ amounting to the
 sum of _____ dollars, do hereby certify under
 penalty of perjury: That the foregoing account is just and true as therein stated; that no payment
 has been received by me on account thereof; that no rebate of any character, kind or description
 has been made to me by any person or persons furnishing any of said transportation or
 assistance; that the expenses charged were actually and necessarily incurred and paid by me in
 full money.

Sign Here _____

Subscribed this _____ day of _____ 1973 at _____ Wa.