EXHIBIT II

REQUEST FOR CHECK

To: COUNTY OF ORANGE
AUDITOR-CONTROLLER
P.O. BOX 567
SANTA ANA, CALIFORNIA 92702

CLAIM OF

NAME - PLEASE PRINT OR TYPE

STREET ADDRESS

CITY AND ZIP CODE

SOCIAL SECURITY NUMBER | TAXPAYER IDENT. NUMBER

AUTHORIZATION

Minute Order Date _____ **County Ordinance No.** _____ **Vendor No.** _____
Board Resolution No. _____ **P.O. / Encumbrance No.** _____ **Other** _____

DATE	DESCRIPTION	AMOUNT
	TOTAL	

DEPARTMENT'S USE -- COMPLETE IN DETAIL

FUND	AGCY	ORG	ACTV	OBJ	SUB OBJ	REV	SUB REV	JOB NUMBER	REPT CATG	B S ACCT	AMOUNT	A-C USE SP CD
								TOTAL PAYMENT				

I HEREBY CERTIFY THAT THIS CLAIM IS TRUE AND CORRECT AND THAT PAYMENT HAS NOT BEEN RECEIVED BY

_____
CLAIMANT DATE

EXPENDITURES AUTHORIZED ANI APPROVED BY

_____
AUTHORIZED SIGNER DATE

APPROVED DAVID E. SUNDSTROM, Auditor-Controlle

_____
DEPUTY DATE

003 F8500-6 (3/98)

AUDITOR'S COPY