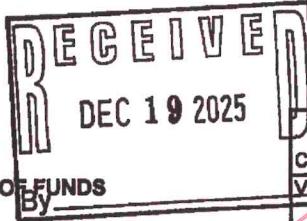


COUNTY OF TEHAMA
STATE OF CALIFORNIA
CLAIM / AUTHORIZATION FOR RELEASE OF FUNDS



26-0054

AUDITORS USE ONLY

COUNTY CLAIM No

VENDOR No

112687

KP & VERIFIED

VENDOR
ADDRESS
Ruth Ballard, Ph.D., Inc.
142 SE Back Bay Dr.
Newport, OR 97365

PURCHASE ORDER / AGREEMENT No.:

DEPARTMENT:

FUND / DEPT.	ACCT #	PROJECT No.	ACCT. No.	WARRANT DESCRIPTION (25 positions)	
2021	53160			Inv 11152025-1 People vs 24CR1368 1115125	1,200.00
DATE Oct to Nov 2025	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED DNA analysis			TOTAL	\$1,200.00

Ex Parte Appointment of Expert

Original: Auditor
Copy 1: Claims File
Copy 2:
Copy 3:

Purchase Order Required:
 Supplies over allowed maximum
 Supplies + labor or installation charges
 One-time services (Insurance must be on file)
 Write P.O. Number above & attach to claim

Agreement Required:
 All services except one-time
 Certificate of Insurance must be on file
 Write Agreement Number above

Under penalty of perjury, I certify that the above claim, and the items and statements as herein set forth, are true and correct, that no part has been paid, that the amount therein is justly due, and that the same is presented within one year after the last item thereof has accrued

AUDITORS USE ONLY	
I hereby certify that the above claim was examined and approved by this office	
LEROY M ANDERSON Auditor-Controller	
By	AZ 118126
Deputy County Auditor	
BOARD OF SUPERVISORS	
Approved:	
Date	
Chairman	

CLAIMANT A. Larabee 12-19-25

Alessio Larabee, Contract Public Defender, for Claimant

I hereby certify under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. Code. Furthermore, that the articles of services specified in the above claim were necessary and were ordered by me for use by the department and for the purpose indicated above or services have been delivered or performed as stated herein except as otherwise indicated by me

SIGNED

AS

12/29/2025

Department Head or Authorized Signature

/ Date