25-1966

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OCT 20 2025

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

AUDITORS USE ONLY	
COUNTY CLAIM No	
VENDOR No 132443	KP & VERIFIED

CLAIMANT'S NAME Benjamin E Magid
ADDRESS PO Box 2965
Weaverville, CA 96093
(Do not address if transaction is between County departments)

PURCHASE ORDER / AGREEMENT No.:

DEPARTMENT:

FUND / DEPT.		PROJECT No.	ACCT. No.	WARRANT DESCRIPTION (25 positions)	AMOUNT
106-2026		~~5323015~~		24JU94	$3,840.00
		53221		INV 12312285	
				10/7/25	

DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED	TOTAL	$3,840.00
10/8/2025	**Conflict Counsel**		

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

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

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

Krista Peterson
Auditor-Controller

By AZ 11/04/25
Deputy County Auditor

BOARD OF SUPERVISORS

Approved

Date

Chairman

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 delivery has been delivered or performed as stated thereon except as otherwise indicated by me

SIGNED Matt McGuire 10/28/2025
Department Head or Authorized Signature Date