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

1	COUNTY CLAIM No				
	VENDOR No 132443	KP & VERIFIED			

CLAIMANT'S NAME ADDRESS	Benjamin PO Box 2	E Magid 965	_/		_			
ABBIALOU	Weaverville, CA 96093 Purchase order					RDER / AG	REEMENT No.:	
		ress if transaction is be		artments)	-		1 10 00 11 11 11 11 11	
DEPARTMENT:								3
FUND / DEPT.		PROJECT No.	ACCT. No.	WARR	ANT DESCR	UPTION (25 pos	itions)	AMOUNT
106-2026		-532 3015 -			24JU	94		\$3,840.00
		53221		INV	1231.	2285		
-					101-	1125	1	
DATE	DESCRIPTION -	CLAIMS MUST BE IT	MIZED AND INV	OICES ATTA	CHED		TOTALD	\$3,840.00
10/8/2025							Γ	
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	Conflict Counsel							
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Original: Auditor	la.	Purchase Order				Agreement Rags o All services excep		
Copy 2:				rance must be o	on file			
Copy 3: o One-time services (insurance must be on file) o Write Agreement Number a			Number above					
		o Write P O Number	er above & attach	to claim				

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 term thereof has accrued

AUDITORS USE ONLY	CLAIMANT
I hereby certify that the above claim was examined and approved by this office	
Knsta Peterson	I hereby certify under penalty of penjury, that I have not violated any of the provisions
Auditor-Controller	of Article Four, Chapter One, Division Four, Title One of the Calif Gov Code
By AZ 11104/25 AUGIDI-CONTOINE	Furthermore, that the articles of services specified in the boye claim were necessary
Deputy County Auditor	reprinting a property of the partment and by the purpose indicated above
BOARD OF SUPERVISORS	delivered of frozined as stayed he son except as otherwise
Approved	V/m/s operation / //
Date	10/28/2025
	SIGNED
Chairman	Department Head or Authorized Signature Date