

**COUNTY OF TEHAMA
STATE OF CALIFORNIA**

CLAIM/AUTHORIZATION FOR RELEASE OF FUNDS

CLAIMANT'S NAME: KENT R. CARUSO, PH.D.
ADDRESS: P.O. BOX 994445
REDDING, CA. 96099

AUDITORS USE ONLY	
COUNTY CLAIM NO:	
VENDOR NO: 102157	KP & VERIFIED:

(Do not address if transaction is between county departments)

DEPARTMENT USE	
DEPARTMENT: Defense Counsel	PURCHASE ORDER/AGREEMENT NO:

FUND/DEPT	ACCT. NO	PROJECT NO.	ACCT. NO.	WARRANT DESCRIPTIONS (25 positions)	AMOUNT
2065	52320			People vs	\$500.00
2026	53221			Case Number 18CR1049	
				ODEH HIJAZEEN, ATTY.	
				PSYCHOLOGICALEVALUATION 10/30/24	
				Ex Parte Appointment of Expert	
				Clinical Forensic Psychology	
				Regarding Defense Evaluation	

DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED.	TOTAL	AMOUNT
10/30/2024	10/30/2024 PSYCHOLOGICAL EVALUATION \$500.00 FEE DOUGLASS EARL HOGAN	▶	\$500.00

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

- Agreement Required:**
- All services except one-time
 - 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, and that the amount therein is justly due, and that the same is presented within one year after the last item thereof has accrued.

AUDITOR USE ONLY
I hereby certify that the above claim was examined and approved by this office.
LEROY ANDERSON Auditor/Controller
By <u>AZ 12/6/24</u> Deputy County Auditor
BOARD OF SUPERVISORS
Approved: Date _____
Chairman

CLINICAL-FORENSIC PSYCHOLOGIST

CLAIMANT Kent R. Caruso Ph.D.
KENT R. CARUSO, PH.D. 11/8/2024

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 that the articles or services have been delivered or performed as stated hereon except as otherwise indicated by me.

SIGNED [Signature] 11/21/2024

Department Head or Authorized Signature/Date