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MAY 30 2015

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

VENDOR: Derek B. DavidSoriano, Esq.
ADDRESS: 2485 Notre Dame Blvd.
Suite 370-283
Chico, Ca 95928

AUDITORS USE ONLY	
COUNTY CLAIM No:	
VENDOR No: <u>V000501</u>	KP & VERIFIED:

PURCHASE ORDER / AGREEMENT No.:

DEPARTMENT:

FUND / DEPT.	ACCT #	PROJECT No.	ACCT. No.	WARRANT DESCRIPTION (25 positions)	
108-2026	5323016			case no 25CR-000125	\$ 2,982.40
2026	53241			515/25	
DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED				TOTAL \$2,982.40
	Appointment of Conflict Counsel <i>W. G. to Fran</i>				

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

Purchase Order Required:
• Supplies over stated maximum
• Supplies • labor or installation charges
• One-time services (insurance must be on file)
• With P.O. Number above & attach to claim

Agreement Required:
• All services except one-time
• Certificate of Insurance must be on file
• With 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 occurred.

AUDITORS USE ONLY	
I hereby certify that the above claim was examined and approved by this office.	
By: <u>AZ 6/20/25</u>	KRISTA PETERSON Auditor-Controller
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 or services have been delivered or performed as indicated above except as otherwise indicated by me.

[Signature]
Department Head or Authorized Signature

6/12/2025

/ Date