

COUNTY OF TEHAMA  
STATE OF CALIFORNIA

**CLAIM/AUTHORIZATION FOR RELEASE OF FUNDS**

**CLAIMANT'S NAME:** Michael C. Borges, Borges Law Office, Inc.  
**ADDRESS:**

1558 West St unit 3  
Redding, CA 96001

RECEIVED  
JUN 09 2015

AUDITORS USE ONLY

**COUNTY CLAIM NO:**

**VENDOR NO:**

V000213

**KP & VERIFIED:**

**(Do not address if transaction is between county departments)**

DEPARTMENT USE

**DEPARTMENT:**

## Defense Counsel

**PURCHASE ORDER/AGREEMENT NO:**[illegible]

DATE  
6/9/2025

**DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED.**

## Conflict Counsel

TOTAL

\$ 3570.00

**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

AZ 6/20/25

### Deputy County Auditor

## BOARD OF SUPERVISORS

**Approved: Date**

### Chairman

**FORM A-121**

—Signed by:

**CLAIMANT**

6/19/2025

-Michael-Borges

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 or 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 herein except as otherwise indicated by me.

**SIGNED**

Ken Hany

16-11-25

Department Head or Authorized Signature/Date \_\_\_\_\_