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

CLAIMANT'S NAME: Lindsay T. Stone
ADDRESS: 1558 West Street, Suite 2
Redding, CA 96001

| AUDITORS USE ONLY | |
|---|---|
| COUNTY CLAIM NO: | |
| VENDOR NO: 136435 | KP & VERIFIED: |

(Do not address if transaction is between county departments)

DEPARTMENT USE
PURCHASE ORDER/AGREEMENT NO:

DEPARTMENT: **Defense Counsel**

| FUND/DEPT | ACCT. NO | PROJECT NO. | ACCT. NO. | WARRANT DESRIPTIONS (25 positions) | AMOUNT |
|---|---|---|---|---|---|
| 2065 | ~~52320~~ | | | People vs | $ 1760 |
| | 53230 | | | Case Numbers *24CR1087, 24CR1113, 24CR1086, 23CR2603* | |
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DATE

DESCRIPTION – CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED.

TOTAL ▶ $ 1,760.00

Appointment of Conflict Counsel

**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 10/25/24
Deputy County Auditor

**BOARD OF SUPERVISORS**

Approved: Date _____

Chairman

FORM A-121

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

SIGNED _____ / 10/16/2024

Department Head or Authorized Signature/Date