COUNTY OF TEHAMA

STATE OF CALIFORNIA

AUDIT	TORS USE ONLY
COUNTY CLAIM No:	
VENDOR No:	KP & VERIFIED:
101620	

CLAIM / AUTHORIZATION FOR RELEASE OF FUNDS				VENDOR No: KP & VERIFIED:					
CLAIMANT'S NAME ADDRESS	STATE TREASURI	D FLOOR,	THE RESERVE OF THE PERSON NAMED IN		101620				
DEPARTMENT:	SACRAMENTO, CA 95814 (Do not address if transaction is between County departments) RTMENT:: Trial Court Contribution PURCHASE ORDER / Address ORDER / Addre								
FUND / DEPT.	ACCT. No.	ROJECT No	ACCT. No.	WARR	ANT DESCR	UPTION (25 po	sitions)		AMOUNT
2009	555210				COUNTY GC77201 (b) (2)			\$	156,990.00
				PI FASE	RETURN	WARRAN	T TO FR	ΔN	
				LLAGE	ILLIOIN	WAIGIOAI	1 10110	114	
DATE	BE ITEMIZED AI	ND INVOICES	ATTACHED			TOTAL□	9	156,990.00	
12/4/2023 12/6/24	25% PAYMENT 4th INSTALLMENT 2024-25 REQUIRED BY AB233 CHAPTER 850 STATUTUES OF 1997 WITH REDUCTIONS FOR AB139 & AB145 REQUIRED BY AB1759 CHAPTER 157 STATUTES OF 2003 #3 OF 4 2024-25 * Tehama County MOE Annual requirement of \$627,958 Required by AB227 Chapter 383								-
Original: Auditor Copy 1: Claims F Copy 2: Copy 3:	le:		r allowed maxii bor or installati vices (insuranc	mum		Agreement Req o All services exce o Certificate of Insu o Write Agreement	pt one-time urance must be	on file	

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 accrued.

	W L. B	CLAIMANT				
I hereby certify that the above claim was examined and	d approved by this office.					
	KRISTA PETERSON	I hereby certify under penalty of perjury, that I have not violated any of the provisions				
No ula by	Auditor-Controller	of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. Code.				
By AL IIIIS 109		Furthermore, that the articles of services specified in the above claim were necessary				
Deputy County Auditor		and were ordered by me for use by the department and for the purpose indicated above				
BOARD OF SUPERVI	SORS	or services have been delivered or performed as stated hereon except as otherwise				
Approved:		indicated by me.				
Date		11-1-21				
		SIGNED /ale 116 29				
Chairman		Department Head or Authorized Signature / Date				