COUNTY OF TEHAMA

STATE OF CALIFORNIA

CLAIM / AUTHORIZATION FOR RELEASE OF FUNDS

	AUDITORS	USE ONLY		
COUNTY CLA	M No:		0	
VENDOR No:	132443	KP & VERIFIED:	*	

VENDOR ADDRESS Benjamin Magid

1574 West St

PURCHASE ORDER / AGREEMENT No.:

FΡ			

FUND / DEPT.	ACCT#	PROJECT No.	ACCT, No.	WARRANT DESCRIPTION (25 positions)	
106-2026	5323015			24JU44	\$480.00
	5322				
	 				
	DESCRIPTION - CLAIR	MS MUST BE ITEMIZED	AND INVOICES ATTACHE	TOTAL D	\$480.00
2/18/2025					
				*	
,					
		Appoi	nted Conflict	Counsel	
				1	
riginal: Auditor opy 1: Claims Fi	ile	Purchase Order R o Supplies over allow		Agreement Required:	

Copy 2: Copy 3:

o Supplies + labor or installation charges

o One-time services (insurance must be on file)

o Write P.O. Number above & attach to claim.

o All services except one-time

o Certificate of Insurance must be on file

/ Date

o 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, that the amount therein is justly due, and that the same is presented within one year after the last item thereof has accrued

Deputy County Auditor BOARD OF SUPERVISORS Approved:	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 stated hereon except as otherwise indicated by me. 3/6/2025
Cheirman	SIGNED Department Head or Authorized Signature / Date

FORM A-121 (10/97)