COUNTY OF TEHAMA

STATE OF CALIFORNIA

CLAIM/AUTHORIZATION FOR RELEASE OF FUNDS

ADDRESS:

1558 West Street, Suite 2 Redding, CA 96001

CLAIMANT'S NAME: Lindsay T. Stone

AUDITORS USE ONLY COUNTY CLAIM NO:

VENDOR NO:

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 \$3,120 2026 Case Number 24CR-001786 DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED. \$3,120 DATE TOTAL Appointment of Conflict Counsel: Lindsay Stone Purchase Order Required: Agreement Required: Supplies over allowed maximum · All services except one-time Supplies + labor or installation charges . Insurance must be on file · One-time Services (Ins. 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 US	E ONLY
I hereby certify that the above c approved by this office.	laim was examined and
·-	LEROY ANDERSON
65	\ Auditor/Controller
By 3 10/6/25	,
Deputy County	Auditor
BOARD OF SUP	
Approved: Date	
Chairman	
ORM A-121	

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

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, hat 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

9/29/2025

Department Head or Authorized Signature/Date