

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

AUDITORS USE ONLY	
COUNTY CLAIM No:	
VENDOR No: 132443	KP & VERIFIED:

VENDOR: Benjamin Magid
ADDRESS: 1574 West St PO Box 29165
Redding, CA 96001 Weaverville, CA 96093

PURCHASE ORDER / AGREEMENT No.:

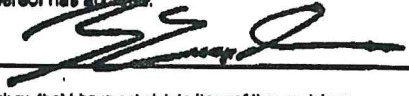
DEPARTMENT:

FUND / DEPT.	ACCT #	PROJECT No.	ACCT. No.	WARRANT DESCRIPTION (25 positions)	
106-2026	5323015				\$1,344.00
	53221			Case 23CR002221	
DATE 2/18/2025	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED				TOTAL <input type="checkbox"/> \$1,344.00
	Conflict Counsel				

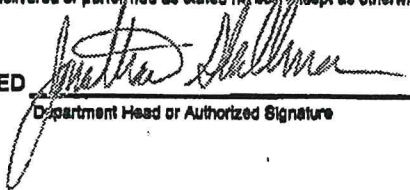
Original: Auditor Copy 1: Claims File Copy 2: Copy 3:	<u>Purchase Order Required:</u> <ul style="list-style-type: none">o Supplies over allowed maximumo Supplies + labor or installation chargeso One-time services (insurance must be on file)o Write P.O. Number above & attach to claim.	<u>Agreement Required:</u> <ul style="list-style-type: none">o All services except one-timeo Certificate of insurance must be on fileo 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.

AUDITORS USE ONLY	
I hereby certify that the above claim was examined and approved by this office.	
	KRISTA PETERSON Auditor-Controller
By AZ 3/7/25 Deputy County Auditor	
BOARD OF SUPERVISORS	
Approved:	
Date	
Chairman	

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.

SIGNED  3/4/2025
Department Head or Authorized Signature / Date