25-1995

## COUNTY OF TEHAMA STATE OF CALIFORNIA

CLAIM / AUTHORIZATION FOR RELEASE OF FUNDS

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COUNTY		***	AUDI	TORS	ÜSE	Ö	VL Y	:::			:	÷	:	::	÷
VENDOR No:				KP &	VEF	RIFI	ED:								_

	· ····································	OR RELEASE	OI FUNDS	e VENDOR	10000 TORRESTON	KP & VERIFIE	D:	
CLAIMANT'S NAMI	E STATE TREASUR	RER-CTSM	D FINAN		020			
ADDRESS	901 P STREE, 21	VD FLOOR	PM 213	D D				
	SACRAMENTO, (	CA 95814	, 1(101 2 13	<u>-D</u>	<u> Guaroras a</u>			
	(Do not address if tra	nsaction is between	County depart	tments)	PURCHASE	RDER / AGR	EEMENT No.:	
DEPARTMENT	Trial Court Contribu	tion	,,		NEEDS	<b>BOARD</b>	<b>APPROVAL</b>	
FUND / DEPT.			ACCT, No.	WARRANT DES	CRIPTION 125 has	Mond	AMOUNT	
2009	555210			TEHAMA COUNTY	GC77201 (b) (2)	suturis)	\$ 156,990.00	
					0 (2.5		Ψ 100,000.00	
		000000000000000000000000000000000000000		1				
		14.000		PLEASE RETUR	N WARRANT	TOEDAR	<u> </u>	
				· LENGE RETOR	WANIANI	TOPKAI	<u> </u>	
DATE	DESCRIPTION - CLAIMS MUS	T BE ITEMIZED AN	VD INVOICES A	TTACHED			#4FC 000 00	
			.5 0.1020 7	TACHED	3	OTAL _	\$156,990.00	
11/10/2025	25% PAYMENT 4th IN	STALLMENT	2025-26					
REQUIRED BY AB233 CHAPTER 850								
	STATUTUES OF 1997 WITH REDUCTIONS FOR AB139 & AB145							
			Onono i	ON AD 133 & AD 143				
REQUIRED BY AB1759 CHAPTER 157								
	STATUTES OF 2003					l		
	#3 OF 4 2025-26					ľ		
	* Tehama County MOE							
	Required by AB227 C							
						1		
iginal: Auditor		Purchase Ord	der Required		Agreement Regul	red:	· · · · · · · · · · · · · · · · · · ·	
opy 1: Claims Fi opy 2:	le	o Supplies over			o All services except	one-time		
py 3:		o Supplies + lab o One-time serv	or or installation rices (insurance	n charges must be on file)	<ul> <li>Certificate of Insura</li> <li>Write Agreement No</li> </ul>		le	
		o Write P.O. Nu	mber above & a	attach to claim.	origiooment (4)	annon 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.

THE COLUMN TWO IS NOT								
AUDITORS USE ONLY	CLAIMANT - / / / / / / / / / / / / / / / / / /							
I hereby certify that the above claim was examined and approved by this office.								
KRISTA PETERSON Auditor-Controller	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.							
By AZ 1110/25.  Deputy County Auditor	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							
BOARD OF SUPERVISORS	or services have been delivered or performed as stated hereon except as otherwise							
Approved:	indicated by me. ( 2							
Date	Who had							
Chairman	SIGNED //C/n / Circle ////////////////////////////////////							