

RECEIVED
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 By _____

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

AUDITORS USE ONLY	
COUNTY CLAIM No:	
VENDOR No. V000976	KP & VERIFIED:

VENDOR **Manuel, Conard Manuel & Tescher**
 ADDRESS **1308 Placer Street, Suite 200**
Redding, CA 96001

PURCHASE ORDER / AGREEMENT No.:

DEPARTMENT:

FUND / DEPT	ACCT #	PROJECT No.	ACCT No.	WARRANT DESCRIPTION (25 positions)																			
2026	63221			25 JV - 000100	1,058.00																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; font-size: small;">DATE</td> <td style="width: 70%; font-size: small;">DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED</td> <td style="width: 20%; font-size: small;">TOTAL</td> </tr> <tr> <td></td> <td>Invoice #18649 \$48.00</td> <td></td> </tr> <tr> <td></td> <td>Invoice # 18471 \$192.00</td> <td></td> </tr> <tr> <td></td> <td>Invoice #18556 \$818.00</td> <td></td> </tr> <tr> <td></td> <td>Total \$1058.00</td> <td style="text-align: right;">\$1,058-</td> </tr> <tr> <td></td> <td>Appointment of Conflict Counsel</td> <td></td> </tr> </table>					DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED	TOTAL		Invoice #18649 \$48.00			Invoice # 18471 \$192.00			Invoice #18556 \$818.00			Total \$1058.00	\$1,058-		Appointment of Conflict Counsel		
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Original: Auditor Copy 1: Claims File Copy 2: Copy 3:	Purchase Order Required: <input type="checkbox"/> Supplies over allowed maximum <input type="checkbox"/> Supplies + labor or installation charges <input type="checkbox"/> One-time services (insurance must be on file) <input type="checkbox"/> Write P.O. Number above & attach to claim	Agreement Required: <input type="checkbox"/> All services except one-time <input type="checkbox"/> Certificate of insurance must be on file <input type="checkbox"/> Write Agreement Number above.
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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.

CLAIMANT *Manuel, Conard Manuel & Tescher*

AUDITORS USE ONLY	
I hereby certify that the above claim was examined and approved by this office.	
By <u><i>Krista Peterson</i></u> <small>Deputy County Auditor</small>	KRISTA PETERSON <small>Auditor-Controller</small>
BOARD OF SUPERVISORS	
Approved:	
Date	
Chairman	

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 herein except as otherwise indicated by me.

SIGNED *[Signature]* 4/1/2026
Department Head or Authorized Signature / Date