COUNTY OF TEHAMA

STATE OF CALIFORNIA

CLAIM/AUTHORIZATION FOR RELEASE OF FUNDS

CLAMANTS NAME: KENT R. CARUSO, PH.D. ADDRESS: P.O. BOX 994445
REDDING, CA.

	UDITO	RS USE ONLY		in and	in is
COUNT			* **.		
VENDOR NO:	•	KP & VERIFIED:		 	
102.157		,		•	

FUND/DEPT 2065			Defense Counsel			PURCHASE ORDER/AGREEMENT NO:		
2065	ACCT. NO	PROJECT NO.	ACCT. NO.	. WA	RRANT DESPI	PTIONS (25 positions)	. AMOUNT	
	52320-		1	People v	78.	110149 (20)051110115)	AMOUNT	
2.017	53230			Case Nu	mber 23CR2	102	\$1,000.	
			1			IMONY/TRAVEL	-	
					O Larrabee			
					ONATHAN SK		-	
			Territories (
			7 3.7 3 30				+	
				+			 	
		 		 			+	
			-	-			 	
				:			 	
DATE	DESCRIPTIO	N - CLAIMS MUS	T BE ITEMIZED	AND INVOICE	ES ATTACHED		•	
		•				TOTAL	\$ 1,000.	
/09/2024	08/09/24		E/TESTIMONY	•	to Red Blu	ff		
		SORPOE	AED TO APPE	AK			1	
		Ex Parte	Appointm	ent of F	Expert Fe	200		
*			фронин	OIII OI L	-xpcit i c	703	1	
·	b		_					
	- Supplies	Order Require	<u>d:</u> .			nt Required:		
	 Supplies 	+ labor or installat	ion charges			es except one-time e must be on file		
	 One-time 	Services (Ins. mus . Number above &	st.be on file)		Write Age	reement number above	l	

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.

· · · · · · · · · · · · · · · · · · ·	KENT R. CARUSO.PH.D.
AUDITOR USE ONLY	CLAIMANT KINT R PLO
I hereby certify that the above claim was examined and	CLINICAL FORENSIC PSYCHOLOGYST 8/12/24
approved by this office. LEROY ANDERSON 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, Furthermore, that the articles of services specified in the above claim were necessary and were
By Deputy County Auditor	ordered by me for use by the department and for the purpose indicated above that the articles or services have been delivered ordeorformed as stated hereon except as
BOARD OF SUPERVISORS	SIGNERIAL THE MALLING 10/31/2024
Approved: Date	SIGNE JAN 2000 10/31/2024
Chairman	Department Head or Authorized Signature/Date