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

CLAIMANT'S NAME: Benjamin E. Magid
ADDRESS: PO BOX 2965
Weaverville, CA 96093

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

(Do not address if transaction is between county departments)

DEPARTMENT: **COURT OPERATIONS**

DEPARTMENT USE
PURCHASE ORDER/AGREEMENT NO:

FUND/DEPT	ACCT. NO	PROJECT NO.	ACCT. NO.	WARRANT DESRIPTIONS (25 positions)	AMOUNT
106-2026	5323015			! (23cr1790)	$3,476.00
				People vs.	
				Appointment of Conflict Counsel	

DATE 02/08/24

DESCRIPTION – CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED.

TOTAL ▶ $3,476.00

Purchase Order Required:
- Supplies over allowed maximum
- Supplies + labor or installation charges
- One-time Services (Ins. must be on file)
- Write P.O. Number above & attach to claim

Agreement Required:
- All services except one-time
- Insurance 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.

Benjamine E. Magid
CLAIMANT ID y8BgyZEYsj1ioam49AxGXAtq 02/08/24

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 that th articles or services have been delivered or performed as stated hereon except as otherwise indicated by me.

SIGNED _____ 2/13/2024
Department Head or Authorized Signature/Date

AUDITOR USE ONLY

I hereby certify that the above claim was examined and approved by this office.

LEROY ANDERSON
Auditor/Controller

By A2 2/16/24
Deputy County Auditor

BOARD OF SUPERVISORS

Approved: Date _____

Chairman _____

FORM A-121