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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: 800 Placer St. Ste. 200
Redding, CA 96001

PURCHASE ORDER / AGREEMENT No.:

DEPARTMENT:

FUND / DEPT.	ACCT #	PROJECT No.	ACCT. No.	WARRANT DESCRIPTION (25 positions)	
2026	53221				$48
				24JV000033	

DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED	TOTAL	$48
	Conflict Counsel		

Original: Auditor
Copy 1: Claims File
Copy 2:
Copy 3:

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

Agreement Required:
- o All services except one-time
- o Certificate of Insurance must be on file
- o 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.

CLAIMANT [signature]

AUDITORS USE ONLY

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

KRISTA PETERSON
Auditor-Controller

By [signature] 4/9/26
Deputy County Auditor

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 hereon except as otherwise indicated by me.

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

FORM A-121 (10/07)
bos\A-121 County Claim Template (1)