

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

CLAIMANT'S NAME: Kimberly Johnson
ADDRESS: 8829 Midview Dr.
Palo Cedro CA 96073

AUDITORS USE ONLY	
COUNTY CLAIM NO:	
VENDOR NO: <u>133533</u> <u>5020625</u>	KP & VERIFIED:

(Do not address if transaction is between county departments)

DEPARTMENT USE	
DEPARTMENT: <u>Defense Counsel</u>	PURCHASE ORDER/AGREEMENT NO:

FUND/DEPT	ACCT. NO.	PROJECT NO.	ACCT. NO.	WARRANT DESCRIPTIONS (25 positions)	AMOUNT
2026	<u>53230</u>			People vs	\$ <u>128.52</u>
	<u>53221</u>			Case Number <u>22 CR-000510</u>	
				<u>22 CR-002778</u>	
				<u>22 CR-001536</u>	
				Court Reporter's transcripts ordered	
				pursuant to GC 69950(a) and GC 69952(a)	

DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED.	TOTAL	AMOUNT
<u>7-14-23</u>	<u>-Transcript Request By DA + Court-Appointed Defense Counsel</u> <u>-0+2cc, 28pp 84 folios x \$1.53 = \$128.52</u>	▶	\$ <u>128.52</u>

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.

AUDITOR USE ONLY	
I hereby certify that the above claim was examined and approved by this office.	
LEROY ANDERSON Auditor/Controller	
By <u>AZ 2/16/24</u>	Deputy County Auditor
BOARD OF SUPERVISORS	
Approved: Date _____	
Chairman _____	

CLAIMANT Kimberly Johnson

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

SIGNED Ken Auvig, 7-5-24

Department Head or Authorized Signature/Date