COUNTY OF TEHAMA STATE OF CALIFORNIA



CLAIM/AUTHORIZATION FOR RELEASE OF FUNDS WANT'S NAME: Lindsay T. Stone 1558 West Street, Suite 2

CLAIMANT'S NAME: ADDRESS:

Redding, CA 96001

AUDITORS USE COUNTY CLAIM NO:

VENDOR NO:

KP & VERIFIED:

136435

| (Do not address if transaction is between county departments) | | | | | | DEPARTMENT USE | |
|---|--|----------------|-----------|---------|---|--------------------|----------|
| DEPARTMENT: | Defense Counsel | | | | PURCHASE ORDER/AGREEMENT NO: | | |
| FUND/DEPT | ACCT. NO | PROJECT NO. | ACCT. NO. | WA | RRANT DESRIPTI | ONS (25 positions) | AMOUNT |
| 2065 | 52320 | | , 1 , . | _ , | | | \$ 1,840 |
| | 53221 | | | Case Nu | mber 25CR876 | & 25CR884 | |
| | | | | 7 | 8 3 25 | | |
| | | | | | F | 424/25 | |
| | | ļ . | | | | 1 | |
| | | | 2 | | | | |
| | | | | | | | |
| | <u> </u> | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | | | | | | | |
| | | | | | | | |
| DATE | DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED. TOTAL | | | | | | |
| | Appointment of conflict counsel | | | | | | |
| | 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 | | | | Insurance m | except one-time | |

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 | CLAIMANT C |
|---|--|
| I hereby certify that the above claim was examined and approved by this office. LEROY ANDERSON Auditor/Controller Deputy County Auditor BOARD OF SUPERVISORS | 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 parformed as stated hereon except as otherwise indicated by ms. SIGNED White Wall 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 or services have been delivered or parformed as stated hereon except as otherwise indicated by ms. |
| Approved: Date | Department Head or Authorized Signature/Date |
| Chairman | 1/ |
| FORM A-121 | ν |