COUNTY OF TEHAMA

STATE OF CALIFORNIA

CLAIM / AUTHORIZATION FOR RELEASE OF FUNDS

CASL! INC

AUDIT	ORS USE ONLY
COUNTY CLAIM No:	
VENDOR No: V 000679	KP & VERIFIED:

VENDOR

Diana M. Callahan

9027 Pomeroy Lane **ADDRESS**

El Dorado, CA 95762

PURCHASE ORDER / AGREEMENT No.:

FUND/DEPT.	ACCT#	PROJECT No.	ACCT.No.	WARRANT	DESCRIPTION (25 pos	iltions)	
				25CR1340			
				•			
2026	53221			Inv 1491	8 28 25	-	862.0
							862.00
	 						
							
DATE	DESCRIPTION - CLAIM	S MUST BE ITEMIZED A	ND INVOICES ATTAC	CHED		TOTAL	\$862.0
DATE 8/28/2025	DESCRIPTION - CLAIM. ASL Interpreter s		AND INVOICES ATTAC	CHED		TOTAL□	\$862.0
PART COMP AND MORE DESIGNATION	ASL interpreter s					TOTAL□	\$862.0
con come and most become works	ASL interpreter s	ervices				TOTAL□	\$862.0
con come and most become works	ASL interpreter s	ervices				TOTAL□	\$862.0
NAME AND DESCRIPTION OF THE PARTY	ASL interpreter s	ervices				TOTAL□	\$862.0
con come and most become works	ASL interpreter s	ervices				TOTAL□	\$862.0

Copy 1: Claims File Copy 2: Copy 3:

- 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.

- a 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 pas accrued.

hereby certify that the above claim was examined and		- 1			
	LEROY M ANDERSON	- 1			
	Auditor-Controller				
, AZ 10/4/25					
Deputy County Auditor					
BOARD OF SUPERVISORS					
pproved;					
ate					
hairman					

CLAIMANT

reby certify under penalty of perjury, that I have not violated any of the provisions rticle Four, Chapter One, Division Four, Title One of the Calif. Gov. Code.

thermore, that the articles of services specified in the above claim were necessary were ordered by me for use by the department and for the purpose indicated above

services have been delivered or performed as stated hereon except as otherwise cated by me.

SIGNED

9/29/2025

Department Head or Authorized Signature

/ Date