

FY 2526

CLAIMANT'S NAME STATE TREASURER-CASH MGMT DIV
ADDRESS BOX 942809
SACRAMENTO, CA 94209
(Do not address if transaction is between County departments)

NEEDS BOARD APPROVAL

PLEASE RETURN WARRANT TO FRAN

TOTAL	\$23,122.50
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Agreement Required:

- o All services except one-time
- o Certificate of Insurance must be on file
- o Write Agreement Number above.

AUDITORS USE ONLY

BOARD OF SUPERVISORS

CLAIMANT

SIGNED

Department Head or Authorized Signature / Date