## COUNTY +A1:I38OF TEHAMA STATE OF CALIFORNIA CLAIM / AUTHORIZATION FOR RELEASE OF FUNDS

Date

Chairman

FY	25	26	7	
COUNTY CLAIM No:	AUDITORS U	SE ONLY		
VENDOR No: 101620	KP & V	ERIFIED:		

CLAIMANT'S NAME	STATE TREASUR	ER-CASH	MGMT E	OIV			
ADDRESS	BOX 942809						
	SACRAMENTO, CA 94209					SE ORDER / AGREEMENT No.:	
	(Do not address if trans	saction is between	County depar	tments)			
	Trial Court Contributi			-	NEEDS BOAR	JAPPROVAL	
FUND / DEPT.		PROJECT NO	ACCT. No	WARRANT DESCI	RIPTION (25 positions)	AMOUNT	
2009	555215			TEHAMA COUNTY G	C70353(B)	\$ 23,122.50	
101	105580			8/20/2	5 F425/26		
	*						
					AND DESCRIPTION OF THE PARTY OF		
				DI EASE DETLIDA	WARRANT TO FRA	NA -	
			<u> </u>	I LEASE RETURN	WARRANT TO FRA	AIN	
		<u> </u>	<u> </u>	1		*** *** ***	
DATE	DESCRIPTION - CLAIMS MUST	BE ITEMIZED AI	ND INVOICES	ATTACHED	TOTAL	\$23,122.50	
0/00/0005							
8/20/2025	2nd Court Facilities Pay						
	Pursuant to Trial Court	Facilities Act	of 2002				
	#2 of 4						
	2009	555215					
Original: Auditor:		Purchase Or	der Require	d·	Agreement Required:		
Copy 1: Claims Fi	le	o Supplies ove			o All services except one-time		
Copy 2:	o Supplies + labor or installation charges o Certificate of Insurance must be					on file	
Copy 3:				ce must be on file) & attach to claim.	o Write Agreement Number above.		
Under penalty of perju	iry, I certify that the above clai	im, and the item	s and statem	nents as herein set forth, are	true and correct; that no part h	as	
been paid, that the an	nount therein is justly due, and	that the same	is presented	within one year after the last	item thereof has accrued.		
	AUDITORS USE ONLY			CLAIMANT	-N/word		
	bove claim was examined and app	proved by this office			Con		
		KRISTA PET		I hereby certify under penalty of	perjury, that I have not violated any	of the provisions	
Auditor-Controller			ntroller	of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. Code.			
Danute County Auditor			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			
	BOARD OF SUPERVISOR	₹5		or services have been delivered	or performed as stated hereon exce	ept as otherwise	

indicated by me.

Department Head or Authorized Signature