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

Chairman

AUDITORS USE ONLY

COUNTY CLAIM No:

VENDOR No:

101620

KP & VERIFIED:

101620 CLAIMANT'S NAME STATE TREASURER-CASH MANGEMENT DIV BOX 942809 **ADDRESS** SACRAMENTO, CA 94209 PURCHASE ORDER / AGREEMENT No.: (Do not address if transaction is between County departments) NEEDS BOARD APPROVAL DEPARTMENT: Trial Court Contribution FUND / DEPT. ACCT. No. PROJECT NO ACCT. No. WARRANT DESCRIPTION (25 positions) AMOUNT: 2009 555210 TEHAMA COUNTY GC77201 (b) (2) 156,990.00 PLEASE RETURN WARRANT TO FRAN TOTAL \$156,990.00 DATE DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED 8/29/2023 25% PAYMENT 2nd INSTALLMENT 2025-26 **REQUIRED BY AB233 CHAPTER 850** STATUTUES OF 1997 WITH REDUCTIONS FOR AB139 & AB145 **REQUIRED BY AB1759 CHAPTER 157** STATUTES OF 2003 #2 OF 4 2025-26 Tehama County MOE Annual requirement of \$627,958 Required by AB227 Chapter 383 Original: Auditor Copy 1: Claims File Purchase Order Required: Agreement Required: o Supplies over allowed maximum o All services except one-time Copy 2: o Supplies + labor or installation charges o Certificate of Insurance must be on file Copy 3: o One-time services (insurance must be on file) o Write Agreement Number above o Write P.O. Number above & attach to claim 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 has accrued. AUDITORS USE ONLY CLAIMANT I hereby certify that the above claim was examined and approved by this office.

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KRISTA PETERSON
Auditor-Controller

By Deputy County Auditor

Deputy County Auditor

BOARD OF SUPERVISORS

Date

I hereby certify under penalty of perjury, that 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 or services have been delivered or performed as stated hereon except as otherwise indicated by me.

SIGNED