

**COUNTY OF TEHAMA
STATE OF CALIFORNIA**

CLAIM / AUTHORIZATION FOR RELEASE OF FUNDS

CLAIMANT'S NAME Department of Social Services
 ADDRESS 744 P Street, MS 8-3-67
Sacramento, CA 95814

(Do not address if transaction is between County departments)

AUDITORS USE ONLY	
COUNTY CLAIM No:	
VENDOR No: 109759	KP & VERIFIED:

PURCHASE ORDER / AGREEMENT No.:
Needs Board Approval

DEPARTMENT:		Soc. Services					
FUND	DEPT	ACCT. No.	PROJECT No	ACCT. No.	WARRANT DESCRIPTION (25 positions)	AMOUNT	
108	5013	53280			IHSSMOE 07/23-02/24	\$ 1,641,234.64	
DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED					TOTAL <input type="checkbox"/>	\$ 1,641,234.64
	IHSS MOE for: JUL/23-FEB/24 Invoice IHSS 11151 Total IHSS MOE paid FY to date: \$1,641,235 CEC Extraneous						

Original: Auditor	<u>Purchase Order Required:</u>	<u>Agreement Required:</u>
Copy 1: Claims File	<input type="checkbox"/> Supplies over allowed maximum	<input type="checkbox"/> All services except one-time
Copy 2:	<input type="checkbox"/> Supplies + labor or installation charges	<input type="checkbox"/> Certificate of Insurance must be on file
Copy 3:	<input type="checkbox"/> One-time services (insurance must be on file)	<input type="checkbox"/> Write Agreement Number above.
	<input type="checkbox"/> 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	
I hereby certify that the above claim was examined and approved by this office.	
By <u>AZ 2/18/24</u>	LeRoy M. Anderson Auditor-Controller
Deputy County Auditor	
BOARD OF SUPERVISORS	
Approved:	
Date	
Chairman	

CLAIMANT _____

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

SIGNED S. Sturmerman 2/5/2024
 Department Head or Authorized Signature / Date