STATE OF CALIFORNIA

CLAIM/AUTHORIZATION FOR RELEASE OF FUNDS CLAIMANTS NAME! Mahuel Conard Manuel and Teacher
ADDRESS! 1308 Placer Street Suite 200

Katherine M. Conard Manuel

AUDITORS	S USE ONLY
COUNTY CLAIM	NO:
VENDOR NO:	KP & VERIFIED:

(Do not address	if transaction is between county departments)	DEPARTMENT USE
DEPARTMENT:	Defense Counsel	PURCHASE ORDER/AGREEMENT NO:
FUND/DEPT	ACCT. NO PROJECT NO. ACCT. NO.	WARRANT DESRIPTIONS (25 positions) AMOUNT
2026		People vs
	53.221	Case Number 2024 SV 000083
		2454000034,2414000635
		24 0000036
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DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AN	TOTAL \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
TALLE LAND	Appointment of Conflict Counsel	
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	Purchase Order Required:	Agreement Required: • All services except one-time
	 Supplies over allowed maximum Supplies + labor or installation charges 	 Insurance must be on file
	 One-time Services (Ins. must be on file) 	Write Agreement number above
	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, and that the amount therein is justly due, and that the same is presented within one year after the last item thereof has accrued.

AUDITOR USE ONLY

I hereby certify that the above claim was examined and approved by this office.

LEROY ANDERSON Auditor/Controller

1/30/2025

Deputy County Auditor

BOARD OF SUPERVISORS

Approved: Date

Chairman

FORM A-121

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

SIGNED

7/16/2024

Department Head or Authorized Signature/Date