26-1129

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

CLAIMANT'S NAME/ADDRESS:

DON STEMBRIDGE, Ph.D.
Forensic Clinical Psychologist
14222 Sun Forest Drive
Penn Valley, California 95946

AUDITORS USE ONLY
COUNTY CLAIM NO:

VENDOR NO: 133563

KP & VERIFIED:

RECEIVED
MAY 28 2026
By

(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
~~2065~~	~~52320~~			People vs	$
2017	53230			Case Number 24CR1333	

DATE	DESCRIPTION – CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED.	TOTAL ▶	$ 3,412.50
	Ex Parte Appointment of Expert		

Purchase Order Required:
- Supplies over allowed maximum
- Supplies + labor or installation charges
- One-time Services (Ins. must be on file)
- Write P.O. Number above & attach to claim

Agreement Required:
- All services except one-time
- Insurance must be on file
- Write Agreement number above

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

By AZ 6/16/26
Deputy County Auditor

BOARD OF SUPERVISORS

Approved: Date _____

Chairman _____

FORM A-121

CLAIMANT **DON STEMBRIDGE, Ph.D.**
5/15/2026

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 _____ 6/8/2026

Department Head or Authorized Signature/Date