COUNTY +A1:I38OF TEHAMA

STATE OF CALIFORNIA

CLAIM / AUTHORIZATION FOR RELEASE OF FUNDS

COUNTY CLAIM No:	AUDITORS USE ONLY	
VENDOR No: 101620	KP & VERIFIED:	

CLAIMANT'S NAME	STATE TREAS	URER-CTSM	D FINANCE
ADDRESS	901 P STREE	2ND FLOOR	RM 213-B

OR, RM 213-B SACRAMENTO, CA 95814

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DEPARTMENT	(Do not address if	transaction is betweer oution	n County depart	ments)	NEEDS BOA	RD AI	PPROVAL
FUND / DEPT.	ACCT. No.	PROJECT NO	ACCT. No.	WARRANT DE	SCRIPTION (25 positions)		AMOUNT
2009	555215			TEHAMA COUNTY	GC70353(B)	\$	23,122.50
101	105580						
				PLEASE RETU	RN WARRANT TO F	RAN	
DATE	DESCRIPTION - CLAIMS M	IUST BE ITEMIZED A	ND INVOICES A	ATTACHED	TOTAL	⊃	\$23,122.5
	#3 of 4						
	2009	555215					
Priginal:∵Auditor		Purchase O	rder Require	d:	Agreement Required:	*	
Copy 1: Claims Fi Copy 2: Copy 3:	le	o Supplies ov o Supplies + I o One-time se	er allowed maxi abor or installat rvices (insuranc	mum	o All services except one-time o Certificate of Insurance must o Write Agreement Number ab		

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.								
KRISTA PETERSON	I hereby certify under penalty of perjury, that I have not violated any of the provisions							
Auditor-Controller	of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. Code.							
By h = misim	Furthermore, that the articles of services specified in the above claim were necessary							
Deputy County Auditor	and were ordered by me for use by the department and for the purpose indicated above							
BOARD OF SUPERVISORS	or services have been delivered or performed as stated hereon except as otherwise							
Approved:	indicated by me.							
Date	SIGNED Fran Mage 11/6/24							
Chairman	Department Head or Authorized Signature // Date							