

COUNTY OF TEHAMA
STATE OF CALIFORNIA

CLAIM / AUTHORIZATION FOR RELEASE OF FUNDS

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

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)

PURCHASE ORDER / AGREEMENT No.:
Needs Board Approval

DEPARTMENT:		Soc. Services			Needs Board Approval	
FUND	DEPT	ACCT. No.	PROJECT No.	ACCT. No.	WARRANT DESCRIPTION (25 characters)	AMOUNT
108	5013	53280			IHSS MOE 04/2025	\$ 213,360.50

DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED	TOTAL <input type="checkbox"/>	\$ 213,360.50
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CFL 24/25-51

Invoice IHSS 13388

IHSS MOE for: 04/2025

Total IHSS MOE paid FY to date: \$2,133,605

CEC Extraneous

Original: Auditor
Copy 1: Claims File
Copy 2:
Copy 3:

Purchase Order Required:

- ☐ Supplies over allowed maximum
- ☐ Supplies + labor or installation charges
- ☐ One-time services (insurance must be on file)
- ☐ Write P.O. Number above & attach to claim.

Agreement Required:

- ☐ All services except one-time
- ☐ Certificate of 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, 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. <div style="text-align: right;">Krista Peterson Auditor-Controller</div>
By <u>AZ 4/11/25</u> 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

Stumherthal
Department Head or Authorized Signature

4
Date 4/2/2025

Form A-121 (10/97)

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