

COUNTY +A1:J38OF TEHAMA
STATE OF CALIFORNIA
CLAIM / AUTHORIZATION FOR RELEASE OF FUNDS

CLAIMANT'S NAME STATE TREASURER-CASH MGMT DIV

ADDRESS BOX 942809

SACRAMENTO, CA 94209

(Do not address if transaction is between County departments)

DEPARTMENT: Trial Court Contribution

AUDITORS USE ONLY

COUNTY CLAIM No:

VENDOR No:
101620

KP & VERIFIED:

PURCHASE ORDER / AGREEMENT No.:

NEEDS BOARD APPROVAL

FUND / DEPT.	ACCT. No.	PROJECT No	ACCT. No.	WARRANT DESCRIPTION (25 positions)	AMOUNT
2009	555215			TEHAMA COUNTY GC70353(B)	\$ 23,122.50
101	105580				
				PLEASE RETURN WARRANT TO FRAN	

DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED	TOTAL	AMOUNT
4/9/2025	1st Court Facilities Payment 2025/26 Pursuant to Trial Court Facilities Act of 2002 #1 of 4 2009 555215	Due Date: 7/1/25	\$23,122.50

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

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

Agreement Required:
o All services except one-time
o Certificate of Insurance must be on file
o 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.	
KRISTA PETERSON Auditor-Controller	
By	AZ 4/11/25 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

Department Head or Authorized Signature

Date