

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

VENDOR

Benjamin Magid

ADDRESS

1574 West St PO Box 2965  
Redding, CA 96001 Weaverville, CA 96093

AUDITORS USE ONLY

COUNTY CLAIM No:

VENDOR No:

132443

KP & VERIFIED:

PURCHASE ORDER / AGREEMENT No.:

DEPARTMENT:

| FUND / DEPT.      | ACCT #  | PROJECT No. | ACCT. No. | WARRANT DESCRIPTION (25 positions) |   |
|-------------------|---|-------------|-----------|------------------------------------|---|
| 106-2026          | 5323015   |             |           | 23CR3183                           | \$1,744.00                                |
|                   | 53221   |             |           | Correct case number 24CR1033       |   |
|                   |   |             |           |                                    |   |
|                   |   |             |           |                                    |   |
|                   |   |             |           |                                    |   |
|                   |   |             |           |                                    |   |
|                   |   |             |           |                                    |   |
|                   |   |             |           |                                    |   |
|                   |   |             |           |                                    |   |
|                   |   |             |           |                                    |   |
| DATE<br>2/18/2025 | DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED |             |           |                                    | TOTAL <input type="checkbox"/> \$1,744.00 |
|                   | Conflict Counsel  |             |           |                                    |   |

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 3/21/25

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

3/17/2025

/ Date