

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					
FUND	DEPT	ACCT. No.	PROJECT No	ACCT. No.	WARRANT DESCRIPTION (25 positions)	AMOUNT	
108	5013	53280			IHSS MOE 03/2025	\$ 213,360.50	
					IHSS 13244		
					3/3/25		
DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED					TOTAL <input type="checkbox"/>	\$ 213,360.50
	IHSS MOE for: March 2025 Invoice:						
	Total IHSS MOE paid FY to date: \$1,920,245						
	CEC Extraneous						

Original: Auditor	Purchase Order Required:	Agreement Required:
Copy 1: Claims File	<input type="checkbox"/> Supplies over allowed maximum	<input type="checkbox"/> All services except one-time
Copy 2:	<input type="checkbox"/> Supplies + labor or installation charges	<input type="checkbox"/> Certificate of Insurance must be on file
Copy 3:	<input type="checkbox"/> One-time services (insurance must be on file)	<input type="checkbox"/> Write Agreement Number above.
	<input type="checkbox"/> 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
I hereby certify that the above claim was examined and approved by this office.
Krista Peterson Auditor-Controller
By <u>AZ 3/21/25</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 ST Umherhen 3/10/2025
Department Head or Authorized Signature / Date

Form A-121 (10/97)

☐ bosA121-aud ☐