

RECEIVED
MAY 30 2025

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

VENDOR
ADDRESS

Derek B. David Soriano, Esq.
2485 Notre Dame Blvd.
Suite 370-263
Chico, Ca 95928

DEPARTMENT:

AUDITORS USE ONLY	
COUNTY CLAIM No:	
VENDOR No: V000501	KP & VERIFIED:

PURCHASE ORDER / AGREEMENT No.:

FUND / DEPT.	ACCT #	PROJECT No.	ACCT. No.	WARRANT DESCRIPTION (25 positions)	
106-2026	5323015			Case number 25CR-000125	\$ 2,792.00
	53221				
				5/29/25	

DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED	TOTAL
	W-9 to Fran	\$2,792.00

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 While 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	
By <u>AZ 6/20/25</u>	KRISTA PETERSON Auditor-Controller
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

6/12/2025

/ Date