

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

CLAIMANT'S NAME: **KENT R. CARUSO, PH.D.**
 ADDRESS: **P.O. BOX 994445**
REDDING, CA. 96099

25-1309

RECEIVED
 JUL 07 2025

AUDITORS USE ONLY	
COUNTY CLAIM NO:	
VENDOR NO: 102157	KP & VERIFIED

(Do not address if transaction is between county departments)

DEPARTMENT USE

DEPARTMENT	Defense Counsel			PURCHASE ORDER/AGREEMENT NO.	
FUND DEPT	ACCT NO	PROJECT NO	ACCT NO	VARIABLE DESCRIPTION \$ - 2005 TO DATE	A. QTY
2065	52320			People vs	\$2,500.00
2017	53230			Case Number 25JU000043	
				HON. LAURA S. WOODS, JUDGE	
				AND CHOPRA, ATTY	
				6/24/2025 PSYCH EVALUATION	

DATE DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED. TOTAL \$ 2,500.00

6/24/2025 6/24/2025 PSYCHOLOGICAL EVALUATION
 CASE# 25JU000043
 Appointment of Expert for Ex-Parte Fees

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

- Agreement Required:**
- All services except one-time
 - 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, and 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.
LEROY ANDERSON Auditor/Controller
By <u>AZ 7/16/25</u> County Auditor
BOARD OF SUPERVISORS
Approved Date _____
Chairman _____

KENT R. CARUSO, PH.D.
 CLAIMANT: Kent R. Caruso, Ph.D.
 LICENSED CLINICAL-FORENSIC PSYCHOLOGIST

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 that the articles or services have been delivered or performed as stated herein except as otherwise indicated by me

SIGNED Matt McShay 7/8/2025
 Department Head or Authorized Signature/Date