

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

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.	WARRANT DESCRIPTIONS (25 positions)	AMOUNT
2065	52320			People vs	\$ 1,000.00
2021	53160			Case Number CR04182	
				HON. C. TODD BOTKE, JUDGE	
				ODEH HIJAZEN, ATTY.	
				03/21/24 PSYCHOLOGICAL EVALUATION	
				(RESTORATION EVAL)	
				Ex Parte Appointment of Expert	

DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED.	TOTAL ▶	\$
03/21/2024	03/21/2024 COURT ORDERED PSYCHOLOGICAL (RESTORATION) EVALUATION		\$ 11,000.00
	<p>Purchase Order Required:</p> <ul style="list-style-type: none"> 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 		
	<p>Agreement Required:</p> <ul style="list-style-type: none"> 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.

AUDITOR USE ONLY

I hereby certify that the above claim was examined and approved by this office.

By A 24/12/24 LEROY ANDERSON
Deputy County Auditor Auditor/Controller

BOARD OF SUPERVISORS

Approved: Date _____

Chairman _____

FORM A-121

CLINICAL-FORENSIC PSYCHOLOGIST

CLAIMANT Kent R. Caruso, Ph.D.
KENT R. CARUSO, PH.D. 3/25/2024

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 hereon except as otherwise indicated by me.

SIGNED Gina S. Wood 4/5/2024
Department Head or Authorized Signature/Date