

COUNTY OF TEHAMA

STATE OF CALIFORNIA

CLAIM/AUTHORIZATION FOR RELEASE OF FUNDS

BORGES LAW OFFICE, INC.
Michael C. Borges [SBN 254861]
 1558 West Street, Suite #3
 Redding, CA 96001



AUDITORS USE ONLY	
COUNTY CLAIM NO:	
VENDOR NO: V000213	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
2026	53230			People v.	\$ 192.00
	53221			Case Number 23CR900008	
				24AM001298 on 1/22/25 for review	
				of Final Ruling for Writ of Mandate	
				related to this case.	

DESCRIPTION – CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED.

TOTAL ▶	\$192.00
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Conflict Counsel

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.

AUDITOR USE ONLY	
I hereby certify that the above claim was examined and approved by this office.	
	LERROY ANDERSON Auditor/Controller
By	<u>AZ 3/21/25</u> Deputy County Auditor
BOARD OF SUPERVISORS	
Approved: Date _____	
Chairman _____	

CLAIMANT Michael Borges

Michael Borges

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 Kari Haring, 3-11-25

Department Head or Authorized Signature/Date