26-0635

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

AUDITORS USE ONLY	
COUNTY CLAIM No:	
VENDOR No: 130112	KP & VERIFIED:

VENDOR: Shannon Bowlin
ADDRESS: 2717 W. Hwy. 3
Yreka, CA 96097

PURCHASE ORDER / AGREEMENT No.:

DEPARTMENT:

FUND / DEPT.	ACCT #	PROJECT No.	ACCT. No.	WARRANT DESCRIPTION (25 positions)	
2026	53221			People vs.	2,800.00
				Refile Case # 26CR900001 from 23CR1648	

DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED	TOTAL	$2,800.00
3/10/2026	Expert services for 288 case		

Ex Parte Request for Expert Fees

Original: Auditor
Copy 1: Claims File
Copy 2:
Copy 3:

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

Agreement Required:
- All services except one-time
- Certificate of 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, 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 M ANDERSON
Auditor-Controller
By AZ 4/16/26
Deputy County Auditor

BOARD OF SUPERVISORS
Approved:
Date
Chairman

CLAIMANT [signature] 3-26-26
Alessio Larrabee, Contract Public Defender, for 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 [signature] 4/13/2026
Department Head or Authorized Signature / Date

FORM A-121 (10/97)
bos\Claim template