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26-1238

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

AUDITORS USE ONLY	
COUNTY CLAIM No:	
VENDOR No: 133563	KP & VERIFIED:

VENDOR: Dr. Don Stembridge, Ph.D.
ADDRESS: 14222 Sun Forest Dr.
Penn Valley, CA 95946

PURCHASE ORDER / AGREEMENT No.:

DEPARTMENT:

FUND / DEPT.	ACCT #	PROJECT No.	ACCT. No.	WARRANT DESCRIPTION (25 positions)	
2017	53230			Inv 6122026 P13 FY25/26	

DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED	TOTAL	
6/12/2026	Prep and testimony		$962.50

Ex Parte Appointment for Evaluation

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 Write 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.

CLAIMANT A Carrabee 6-17-26
Alessio Carrabee, 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 _____ 6/23/2026
Department Head or Authorized Signature / Date

AUDITORS USE ONLY
I hereby certify that the above claim was examined and approved by this office.
LEROY M ANDERSON
Auditor-Controller
By AZ 6/30/26
Deputy County Auditor

BOARD OF SUPERVISORS
Approved:
Date
Chairman

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