COUNTY OF TEHAMA

STATE OF CALIFORNIA

	AUDITORS USE ONLY COUNTY CLAIM No:					
FUNDS . DIMPOLSSION	VENDOR No:	KP & VERIFIED:				
Psycholog	ical corporation					

CLAIMANT'S NAME

ADDRESS

CENTER FOR COGNITION FOR RELEASE OF FUNDS. AMIR RAMEZANI, PHD

901 H St Ste 120-107

Sacramento, CA 95814

o Write Agreement Number above.

	•	Oaciame	110, CA 9561	4		PURCHASE ORDER / AGE	REEMENT No .:
DEPARTME	ENT:]					2
FUND	DEPT	ACCT. No.	PROJECT No.	ACCT. No.	WARRANT DESC	RIPTION (25 positions)	AMOUNT
53221	2026				IN THE MATTER	OF	\$9,587.50
					22JU000046	1/2/25	, 40,001.00
DATE		05000/07/04					
12/20/2024	,	IN THE MAT	CLAIMS MUST BE ITE	EMIZED AND INV 2JU000046	OICES ATTACHED	TOTAL□_	\$9,587.50
		Ex Par	te Request f	for Forens	sic Evaluation		es.
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iginal: Aud	itor.						
py 1: Claim	is File		Purchase Order Re o Supplies over allowe			Agreement Required: All services except one-time	1
ру 2: ру 3:	Ĭ.		o Supplies + labor or in o One-time services (in	nstallation charge	5 o	O All services except one-time O 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.

o Write P.O. Number above & attach to claim.

AUDITORS USE ONLY		ILY	CLAIMANT AMIR RAMEZANI, PHD		
I hereby certify that the above claim was examined and approved by this office.		nd approved by this office.	valint to interest uti, 1 tip		
	F (4)	Krista Peterson	I hereby certify under penalty of perjury, that I have not violated any of the provisions		
By A	21/23/25	Auditor-Controller	of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. Code.		
Бу Г	Deputy County Auditor		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		
BOARD OF SUPERVISORS Approved:		SORS			
			indicated by me.		
Date			SIGNED MILTHE SHILLME 1/2/2025		
Chairman		*			
			Department Head or Authorized Signature / Date		