25-1995

## COUNTY +A1:I380F TEHAMA STATE OF CALIFORNIA CLAIM / AUTHORIZATION FOR RELEASE OF FUNDS

COUNTY CLAIM No:
VENDOR No:

101620

KP & VERIFIED:

			101620
CLAIMANT'S NAME	STATE TREASURER-CTSMD FINANCE		
ADDRESS	901 P STREE, 2ND FLOOR, RM 213-B	1	į.
	SACRAMENTO, CA 95814	1	PURC

HASE ORDER / AGREEMENT No.: (Do not address if transaction is between County departments) DEPARTMENT: Trial Court Contribution **NEEDS BOARD APPROVAL** FUND / DEPT ACCT. No. PROJECT No ACCT. No. WARRANT DESCRIPTION: (25 positions) AMOUNT: 2009 555215 TEHAMA COUNTY GC70353(B) 23,122.50 101 105580 11110125 PLEASE RETURN WARRANT TO FRAN DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED DATE TOTAL \$23,122.50 11/10/2025 3rd Court Facilities Payment 2025/26 Pursuant to Trial Court Facilities Act of 2002 #3 of 4 2009 555215 Original: Auditor Purchase Order Required: Agreement Required: Copy 1: Claims File o Supplies over allowed maximum o All services except one-time Copy 2: o Supplies + labor or installation charges o Certificate of Insurance must be on file Copy 3: o One-lime services (insurance must be on file) o Write Agreement Number above. o Write P.O. Number above & attach to claim.

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	CLAIMANT July 100
I hereby certify that the above claim was examined and approved by this office.		
	KRISTA PETERSON	I hereby certify under penalty of perjury, that I have not violated any of the provisions
	By RZ 11110125 Auditor-Controller	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
	Deputy County Auditor	and were ordered by me for use by the department and for the purpose indicated above
	BOARD OF SUPERVISORS	or services have been delivered or performed as stated hereon except as otherwise
ı	Approved:	indicated by me.
ı	Date	The Man
I	Chairman	SIGNED Yran lake 11/10/25
l	Giannian	Department Head or Authorized Signature / Date
	BOARD OF SUPERVISORS Approved:	or services have been delivered or performed as stated hereon except as otherwise indicated by me.  SIGNED 10/10/25