

RECEIVED
MAR 19 2025

COUNTY OF TEHAMA
STATE OF CALIFORNIA

CLAIM/AUTHORIZATION FOR RELEASE OF FUNDS

CLAIMANT'S NAME: KENT R. CARUSO, PH.D.
ADDRESS: P.O. BOX 994445
REDDING, CA. 96099

COUNTY CLAIM NO:	
VENDOR NO: 102157	KP & VERIFIED

(Do not address if transaction is between county departments)

DEPARTMENT	Defense Counsel	DEPARTMENT USE	PURCHASE ORDER/AGREEMENT NO
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2065	52320	People vs	\$3,000.00
2026	53221	Case Number 24JU97	
		HONS.	
		PSYCHOLOGICAL EVALUATION	
		BENJAMIN MACID, ATTY.	
		3/12/2025	
		Ex Parte Appointment of Expert	

DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED	19726 ▶	\$3,000.00
03/12/2025	03/12/2025 PSYCHOLOGICAL EVALUATION 11.50 HRS @ \$300/HR. = \$3,450.00 AS AGREED, THIS EVALUATION IS \$3,000.00. THE HRS INDICATE THE ACTUAL TIME SPENT WITH THE CLIENT AND THE PREPARING OF THE WRITTEN REPORT. 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	AZ 3/28/25 Deputy County Auditor
BOARD OF SUPERVISORS	
Approved Date	
Chairman	

KENT R. CARUSO, PH.D.
CLAIMANT Kent R. Caruso, Ph.D.
LICENSED CLINICAL-FORENSIC PSYCHOLOGIST
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 herein except as otherwise indicated by me
3/12/25
SIGNED Matt McShyne
Department Head or Authorized Signature/Date