## **COUNTY OF TEHAMA**

STATE OF CALIFORNIA

## **CLAIM/AUTHORIZATION FOR RELEASE OF FUNDS**



AUDITORS USE ONLY

CLAIMANT'S NA ADDRESS:	1800 Shast	ta Street	¥1 .	COUNTY CLAIM NO:		
	Redding, C	A 96001		VENDOR NO:	KP & VERIFIED:	
×			1	V000578		
			1	F	424125	
(Do not addres	s if transaction	is between county	departments)		PARTMENT USE	
DEPARTMENT:	Defense Counsel			PURCHASE ORDE	ER/AGREEMENT NO:	
FUND/DEPT	ACCT. NO	PROJECT NO.	ACCT. NO.	WARRANT DESRIPTION	NS (25 positions)	AMOUNT
2065	52320			People vs		\$1010.30
				Case Number 25CR55	6/9/25	
			,			
				<b>ExParte Appointment</b>	of Investigator	
					*****	
					•	
	2)					
DATE	DESCRIPTION – CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED.					\$1010.30
4/9/2025 to 6/9/2025	14.5 Hours @ \$55.00 per hour W - 9 to From					\$797.50
	304 Miles @ \$.70 per mile					
	(See Investigation Time, Mileage & Expense Log Attached)					
	<ul><li>Supplies</li><li>Supplie</li><li>One-time</li></ul>	e Order Required s over allowed maxis s + labor or installa e Services (Ins. mu O. Number above &	mum tion charges st be on file)	<ul> <li>Insurance m</li> </ul>	except one-time	

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.

I hereby certify that the above claim was examined and approved by this office.  LEROY ANDERSON Auditor/Controller  By A7 12425  Deputy County Auditor  BOARD OF SUPERVISORS	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 hereon except as otherwise indicated by me.
Approved: Date	SIGNED
Chairman	Department Head or Authorized Signature/Date