COUNTY OF TEHAMA

STATE OF CALIFORNIA

CLAIM/AUTHORIZATION FOR RELEASE OF FUNDS

BORGES LAW OFFICE, INC. Michael C. Borges [SBN 254861] 1558 West Street, Suite #3 Redding, CA 96001



AUDITORS USE ONLY

COUNTY CLAIM NO:

1558 West Stre Redding, CA 96	et, Suite #3 001		. "	VENDOR	NO:		KP & VERIFIED:		
(Do not addres	ss if transaction	n is between county	departments)			DEPA	RTMENT USE		
DEPARTMENT:	DEPARTMENT: Defense Counsel			PURCHASE ORDER/AGREEMENT NO:					
FUND/DEPT	ACCT. NO	PROJECT NO.	ACCT, NO.	WAF	RANT DESRIP	TIONS	(25 positions)	A	MOUNT
2026	53230			People	Zandania			\$	1,392.00
	53.77			Case Nu	mber 23CR9	00009)	L	
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	DESCRIPTION	DN – CLAIMS MUS	T BE ITEMIZED A	ND INVOIC	CES ATTACHED	l,	TOTAL >	\$1	.,392.00
		Conflict Co	unsel				-		
	í		*						
	SuppliesSupplies	e Order Required over allowed maxin s + labor or Installati s Services (Ins. mus). Number above &	num on charges		 Insurance 	es exc	guired: ept one-time t be on file nt 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.

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Docusign Envelope ID: 93AB7A4E-80F4-4D09-B403-6643AE511CBD

AUDITOR USE ONLY	
I hereby certify that the above claim was examined and approved by this office. LEROY ANDERSON Auditor/Controller By AZ 3 21 25 Deputy County Auditor.	
BOARD OF SUPERVISORS	
Approved: Date	
Chairman	Signed by:
CLAIMANT Michael Borges	Michael Borges

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.

SIGNED

Department Head or Authorized Signature/Date

FORM A-121