



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

CLAIMANT Michael Borges

Signed by:  
Michael Borges  
FC2BA8E8D4B4480

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 Kevin Hanning 3/14/25  
Department Head or Authorized Signature/Date