

COUNTY OF TEHAMA  
STATE OF CALIFORNIA

CLAIM / AUTHORIZATION FOR RELEASE OF FUNDS

CLAIMANT'S NAME Department of Social Services  
ADDRESS 744 P Street, MS 8-3-67  
Sacramento, CA 95814  
(Do not address if transaction is between County departments)

AUDITORS USE ONLY	
COUNTY CLAIM No:	
VENDOR No: 109759	KP & VERIFIED:

PURCHASE ORDER / AGREEMENT No.:
Needs Board Approval

DEPARTMENT:		Soc. Services			Needs Board Approval	
FUND	DEPT	ACCT. No.	PROJECT No	ACCT. No.	WARRANT DESCRIPTION (25 characters)	AMOUNT
108	5013	53280			IHSS MOE 04/2024	\$ 205,154.33

DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED	TOTAL <input type="checkbox"/>	\$ 205,154.33
	CFL 23/24-52 Invoice IHSS 11505		
	IHSS MOE for: 04/2024		
	Total IHSS MOE paid FY to date: \$2,051,543		
	CEC Extraneous		

Original: Auditor Copy 1: Claims File Copy 2: Copy 3:	<b>Purchase Order Required:</b> <ul style="list-style-type: none"><li>o Supplies over allowed maximum</li><li>o Supplies + labor or installation charges</li><li>o One-time services (insurance must be on file)</li><li>o Write P.O. Number above &amp; attach to claim.</li></ul>	<b>Agreement Required:</b> <ul style="list-style-type: none"><li>o All services except one-time</li><li>o Certificate of Insurance must be on file</li><li>o Write Agreement Number above.</li></ul>
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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
I hereby certify that the above claim was examined and approved by this office. <div>Krista Peterson Auditor-Controller</div> By <u>AZ 4/5/24</u> Deputy County Auditor
BOARD OF SUPERVISORS
Approved: Date Chairman

CLAIMANT \_\_\_\_\_

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 or services have been delivered or performed as stated hereon except as otherwise indicated by me.

SIGNED S. Ummerman 4/7/2023  
Department Head or Authorized Signature / Date