COUNTY OF TEHAMA STATE OF CALIFORNIA

CLAIM / AUTHORIZATION FOR RELEASE OF FUNDS

AUDITORS	USE ONLY		
COUNTY CLAIM No:	265		
ENDOR No: 132443	KP & VERIFIED:	R	

VENDOR ADDRESS Benjamin Magid

1574 West St

Redding, CA 96001

PURCHASE ORDER / AGREEMENT No.:

DEPARTMENT:

FUND / DEPT.	ACCT#	PROJECT No.	ACCT. No.	WARRANT DESCRIPTION (25 positions)	T
106-2026	5323015			21CR003112	\$1,760.00
	53221				7,,,,,,,,,,
					
_					
DATE 2/18/2025	DESCRIPTION - CLAIN	IS MUST BE ITEMIZED	AND INVOICES ATTACHED	TOTAL	\$1,760.00
2/10/2025			•		
1				F	
I					
riginal: Auditor		Purchase Order R		Agreement Required:	J

Copy 2:

Copy 3:

o Supplies + labor or installation charges

o One-time services (insurance must be on file)

o Write P.O. Number above & attach to claim.

o All services except one-time

o Certificate of Insurance must be on file

o 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, that the amount therein is justly due, and that the same is presented within one year after the last item thereof has accused.

AUDITORS USE ONLY	
I hereby certify that the above claim was examined and approved by t	office.
1.77540.000	PETERSON Controller
Deputy County Auditor	
BOARD OF SUPERVISORS	
Approved:	
Date	
Chairman	

CLAIMANT

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 h indicated by me.

SIGNED

Department Head or Authorized Signature

3/4/2025

/ Date