26-0200

COUNTY OF TEHAMA
STATE OF CALIFORNIA
CLAIM / AUTHORIZATION FOR RELEASE OF FUNDS

AUDITORS USE ONLY	
COUNTY CLAIM No:	
VENDOR No: 101620	KP & VERIFIED:

CLAIMANT'S NAME STATE TREASURER-CTSMD FINANCE
ADDRESS 901 P STREE, 2ND FLOOR, RM 213-B
SACRAMENTO, CA 95814
(Do not address if transaction is between County departments)

PURCHASE ORDER / AGREEMENT No.: **NEEDS BOARD APPROVAL**

DEPARTMENT: Trial Court Contribution

FUND / DEPT.	ACCT. No.	PROJECT No	ACCT. No.	WARRANT DESCRIPTION (25 positions)	AMOUNT
2009	555210			TEHAMA COUNTY GC77201 (b) (2)	$ 156,990.00
				PLEASE RETURN WARRANT TO FRAN	

DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED	TOTAL ⇨ $156,990.00
2/10/2026	25% PAYMENT 4th INSTALLMENT 2025-26 REQUIRED BY AB233 CHAPTER 850 STATUTUES OF 1997 WITH REDUCTIONS FOR AB139 & AB145 REQUIRED BY AB1759 CHAPTER 157 STATUTES OF 2003 #4 OF 4 2025-26 * Tehama County MOE Annual requirement of $627,958 Required by AB227 Chapter 383	

Original: Auditor
Copy 1: Claims File
Copy 2:
Copy 3:

Purchase Order Required:
- o Supplies over allowed maximum
- o Supplies + labor or installation charges
- o One-time services (insurance must be on file)
- o Write P.O. Number above & attach to claim.

Agreement Required:
- 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 accrued.

AUDITORS USE ONLY
I hereby certify that the above claim was examined and approved by this office.
KRISTA PETERSON
Auditor-Controller
By AZ 2/12/26
Deputy County Auditor

BOARD OF SUPERVISORS
Approved:
Date
Chairman

CLAIMANT F Mayer

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 Fran Mayer 2/10/26
Department Head or Authorized Signature / Date