

F425126

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:	
VENDOR NO: V000213	KP & VERIFIED:

(Do not address if transaction is between county departments)

				DEPARTMENT USE	
DEPARTMENT:	Defense Counsel			PURCHASE ORDER/AGREEMENT NO:	
FUND/DEPT	ACCT. NO	PROJECT NO.	ACCT. NO.	WARRANT DESCRIPTIONS (25 positions)	AMOUNT
2026	53230				\$ 1,398.00
	53221			Case Number 23CR900009	
				Inv 2025-1177	
				8/3/25	
				F4 25/26	
January 20, 2025	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED.				TOTAL ▶ \$ 1,398.00
Conflict Counsel					
<p>Purchase Order Required:</p> <ul style="list-style-type: none"> • Supplies over allowed maximum • Supplies + labor or installation charges • One-time Services (Ins. must be on file) • Write P.O. Number above & attach to claim 					<p>Agreement Required:</p> <ul style="list-style-type: none"> • All services except one-time • Insurance must be on file • 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, and that the amount therein is justly due, and that the same is presented within one year after the last item thereof has accrued.

AUDITOR USE ONLY	
I hereby certify that the above claim was examined and approved by this office.	
LEROY ANDERSON Auditor/Controller	
By	<u>AZ 8/12/25</u> Deputy County Auditor
BOARD OF SUPERVISORS	
Approved: Date _____	
Chairman _____	

CLAIMANT _____

Signed by:

Michael Borges

8/3/2025

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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

Keri Hovuz

8-8-25

Department Head or Authorized Signature/Date