

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

AUDITORS USE ONLY	
COUNTY CLAIM No:	
VENDOR No: 195659	KP & VERIFIED:
Needs Board Approval	
PURCHASE ORDER / AGREEMENT No.:	

VENDOR J. Randall Memeo
 ADDRESS 20440 Sunset Hills Drive
Cottonwood, CA 96022

DEPARTMENT:

FUND / DEPT.	ACCT #	PROJECT No.	ACCT. No.	WARRANT DESCRIPTION (25 positions)	
503	301800			Referr's Invoice dated June 15-23, 2023 Case #19361	\$481.25
DATE DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED					TOTAL <input type="checkbox"/>
06/15 - 06/23/23	See Attached Exhibit A				\$481.25

Original: Auditor	<u>Purchase Order Required:</u>	<u>Agreement Required:</u>
Copy 1: Claims File	o Supplies over allowed maximum	o All services except one-time
Copy 2:	o Supplies + labor or installation charges	o Certificate of Insurance must be on file
Copy 3:	o One-time services (insurance must be on file)	o Write Agreement Number above.
	o Write P.O. Number above & attach to claim.	

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 JP 1/30/24 Deputy County Auditor
BOARD OF SUPERVISORS
Approved:
Date
Chairman

CLAIMANT J. Randall Memeo

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  1/24/2024
 Department Head or Authorized Signature / Date