

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

AUDITORS USE ONLY	
COUNTY CLAIM No:	
VENDOR No: 132443	KP & VERIFIED:

CLAIMANT'S NAME Benjamin E. Magid
 ADDRESS PO Box 2965
Weaverville, CA 96093
(Do not address if transaction is between County departments)

PURCHASE ORDER / AGREEMENT No.:

DEPARTMENT:

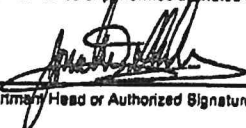
FUND / DEPT.	PROJECT No.	ACCT. No.	WARRANT DESCRIPTION (25 positions)	AMOUNT
106-2026	5323015			\$6,224.00
	53230		Case 21CR003112	
DATE 9/16/2024				
DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED			TOTAL	\$6,224.00
Conflict Counsel				
Original: Auditor Copy 1: Claims File Copy 2: Copy 3:		Purchase Order Required: <input type="checkbox"/> Supplies over allowed maximum <input type="checkbox"/> Supplies + labor or installation charges <input type="checkbox"/> One-time services (insurance must be on file) <input type="checkbox"/> Write P.O. Number above & attach to claim.		Agreement Required: <input type="checkbox"/> All services except one-time <input type="checkbox"/> Certificate of insurance must be on file <input type="checkbox"/> 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	<u>AZ 9/24/24</u> Deputy County Auditor
BOARD OF SUPERVISORS	
Approved:	
Date	
Chairman	

CLAIMANT Benjamin E. Magid
 ID LeVAsYV8hg00t74Kp87oz

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  9/18/2024
 Department Head or Authorized Signature / Date