




CLAIMANT'S NAME: Timothy M. Prentiss II
ADDRESS: 1702 Placer St. Redding CA 96001

| | |
|----------------------|----------------|
| AUDITORS USE ONLY | |
| COUNTY CLAIM NO: | |
| VENDOR NO: 127978 | KP & VERIFIED: |

DEPARTMENT USE

PURCHASE ORDER/AGREEMENT NO:

[illegible]

| DATE | DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED. | TOTAL  | \$57,739.00 |
|------|--|---|--|
| | <p>11/10/20 entry 11 months prior to appointment Balance w/c reasonable fee </p> <p><u>Purchase Order Required:</u></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>57,299 approved </p> <p><u>Agreement Required:</u></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.

By A21123124 KRISTA PETERSON
Deputy County Auditor Auditor/Controller

BOARD OF SUPERVISORS

Approved: Date _____

Chairman _____

FORM A-121

CLAIMANT

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

Department Head or Authorized Signature/Date