COUNTY OF TEHAMA

STATE OF CALIFORNIA CLAIM/AUTHORIZATION FOR RELEASE OF FUNDS

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

AUDIT	ORS USE ONLY
COUNTY CLA	AIM NO:
VENDOR NO:	KP & VERIFIED:
127978	
1,110	

DEPARTMENT:	r: Defense Counsel				DEPARTMENT USE PURCHASE ORDER/AGREEMENT NO:		
FUND/DEPT	SCHOOL PROPERTY (SCHOOL SCHOOL			RRANT DESRIPTIONS (25 positions) AMOUNT			
2026	-53230-	TROUZOT NO.	A001. NO.	People v		r HONS (25 positions)	\$57,739.00
	53.22/ Case Numbers: 20CR000079, 20CR0029					3000079, 20CR002951,	
	The state of the s			22CR900003 & 22CR001892.			
					1.	15/25	
	DESCRIPTIO	N - CLAIMS MUST	BE ITEMIZED A	AND INVOICE	S ATTACHE		
DATE	TOTAL >						\$57,739.00
	Belove is a remarable fer on						
	Purchase	Order Required	<u>.</u>		Agreem	ent Required:	
	 Supplies 	over allowed maxim	um		 All servi 	ent Required: ces except one-time	
	SuppliesSupplies		um in charges		All serviInsuran	ent Required: ices except one-time ce must be on file greement number above	
	SuppliesSuppliesOne-time	over allowed maxim + labor or installation	um n charges be on file)		All serviInsuran	ces except one-time ce must be on file	
	SuppliesSuppliesOne-time	over allowed maxim + labor or installation Services (Ins. must	um n charges be on file)		All serviInsuran	ces except one-time ce must be on file	
linder ne	SuppliesSuppliesOne-timeWrite P.O	over allowed maxim + labor or installatic Services (Ins. must), Number above & a	um on charges be on file) attach to claim	and the item	All servi Insuran Write A	ces except one-time ce must be on file greement number above	a true and
Under pe orrect; that no fter the last iter	Supplies Supplies One-time Write P.C analty of perjuipant has been	over allowed maxim + labor or installation Services (Ins. must). Number above & a ry, I certify: that the a	um on charges be on file) attach to claim	and the item	All serving linear	ces except one-time ce must be on file	e true and one year

C **AUDITOR USE ONLY** CLAIMANT I hereby certify that the above claim was examined and 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 peer delivered or performed as stated hereon except as approved by this office. KRISTA PETERSON Auditor/Controller **Deputy County Auditor** otherwise indicated by me **BOARD OF SUPERVISORS SIGNED** Approved: Date _ Department Head or Apthorized Signature/Date Chairman **FORM A-121**