COUNTY OF TEHAMA STATE OF CALIFORNIA

CLAIM / AUTHORIZATION FOR RELEASE OF FUNDS

	AUDITORS	USE ONLY	
COUNTY CLA	IM No:		
VENDOR No:	132443	KP & VERIFIED:	

VENDOR ADDRESS Benjamin Magid

1574 West St

Redding, CA 96001

PURCHASE ORDER / AGREEMENT No.:

DEPARTMENT:

FUND / DEPT.	ACCT#	PROJECT No.	ACCT. No.	WARRANT DESCRIPTION (25 position	s)	
106-2026	-5323015			- 24JU94		\$4,336.00
	53221					
	· ·					
DATE 2/18/2025	DESCRIPTION - CLAIR	MS MUST BE ITEMIZED	AND INVOICES ATTACHE		TOTAL	\$4,336.00
	Conflict Counsel					
			£			
•						
original: Auditor	b	Purchase Order R	Required:	Agreement Ren	ustra etc	

Copy 1: Claims File Copy 2: Copy 3:

- o Supplies over allowed maximum o Supplies + labor or installation charges
- o One-time services (insurance must be on file)
- o Write P.O. Number above & sitech to claim.

Agreement Required:

- o All services except one-time
- o Certificate of insurance must be on file o 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 account.

AUDITORS USE ONLY I hereby certify that the above claim was examined and approved by this office.				
By AZ 3/7/25 Deputy County Auditor	KRISTA PETERSON Auditor-Controller	i hereb of Artic Further		
BOARD OF SL	or service			
Approved:		indicate		
Date				
Chairman				

CLAIMANT

certify under penalty of parjury, that I have not violated any of the provisions Four, Chapter One, Division Four, Title One of the Calif. Gov. Code, tore, that the articles of services specified in the above claim were necessary ordered by me for use by the department and for the purpose indicated above as have been delivered or performed as stated hereon except as otherwise by me.

SIGNE

3/4/2025

Department Head or Authorized Signature

/ Date ·