

COUNTY OF TEHAMA
STATE OF CALIFORNIA

RECEIVED
MAY 14 2025

AUDITORS USE ONLY

COUNTY CLAIM No:

VENDOR No:

KP & VERIFIED:

V000458

CLAIM / AUTHORIZATION FOR RELEASE OF FUNDS

Associated Financial Advisors LTD

CLAIMANT'S NAME

FORSENSIC SCIENCE SERVICES

ADDRESS

DBA: P.O BOX 25968
FRESNO, CA 93729

F424/25

PURCHASE ORDER / AGREEMENT No.:

DEPARTMENT:

FUND	DEPT	ACCT. No.	PROJECT No.	ACCT. No.	WARRANT DESCRIPTION (25 positions)	AMOUNT
53221	2026				PEOPLE VS	\$250.00
					24CR2208	
					hr 8350	
					4/29/25	
					F424/25	

DATE

DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED

TOTAL

\$250.00

5/12/2025

PEOPLE VS 24CR2208

w-9 to Fran

Ex-Parte Request for Appointment of Expert

Original: Auditor
Copy 1: Claims File
Copy 2:
Copy 3:

Purchase Order Required:

- 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 & attach 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 accrued.

AUDITORS USE ONLY

I hereby certify that the above claim was examined and approved by this office.

Krista Peterson
Auditor-Controller

By

AZ 7/24/25

Deputy County Auditor

BOARD OF SUPERVISORS

Approved:

Date

Chairman

CLAIMANT FORENSIC SCIENCE SERVICES

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.

SIGN

Department Head or Authorized Signature

5/20/2025

/ Date