

## **COUNTY OF TEHAMA**

## STATE OF CALIFORNIA

## CLAIM/AUTHORIZATION FOR RELEASE OF FUNDS

BORGES LAW OFFICE, INC. Michael C. Borges [SBN 254861] 1558 West Street, Sulte #3 Redding, CA 95001

| AUDITO      | RS USE ONLY    |
|-------------|----------------|
| COUNTY CLAI | M NO:          |
| VENDOR NO:  | KP & VERIFIED: |
| / V000213   |                |

| (Do not addres | s if transaction   | is between county   | departments)                    |             |   | DEPARTMENT  | USE         |            |
|----------------|--|---|---------------------------------|-------------|---|---|-------------|------------|
| DEPARTMENT:    | Defense Counsel  |   |                                 | . Р         | PURCHASE ORDER/AGREEMENT NO:                    |   |             |            |
| FUND/DEPT      | ACCT. NO   | PROJECT NO.   | ACCT, NO.                       | WARR        | ANT DESRIF                                      | PTIONS (25 posit  | ions)       | AMOUNT     |
| 2026           | 53230  |   |                                 | People v.   |   |   |             | \$ \$1,072 |
|                | 53221  |   |                                 | Case Num    | ber 23CR9                                       | 00009   |             | 9          |
|                |  |   |                                 |             |   |   |             |            |
|                |  |   |                                 |             |   |   |             |            |
|                |  |   |                                 |             |   |   |             |            |
|                |  |   |                                 | <del></del> |   |   |             |            |
| ****           |  |   |                                 |             |   | 1.11  |             |            |
|                |  |   |                                 |             |   |   |             |            |
|                | -  |   |                                 |             |   |   |             |            |
|                |  |   |                                 |             |   | ,   |             |            |
|                |  |   |                                 |             |   |   |             |            |
|                | DESCRIPTIO   | N – CLAIMS MUST   | BE ITEMIZED A                   | ND INVOICES | SATTACHED                                       | TOTAL   | <b>&gt;</b> | \$1,072    |
|                | Conflict   | Counsel   |                                 |             |   |   |             |            |
|                |  |   |                                 |             |   |   |             |            |
|                | <ul><li>Supplies</li><li>Supplies</li><li>One-time</li></ul> | Order Required over allowed maxim + labor or installatic Services (ins. must Number above & a | um<br>on charges<br>be on file) | •           | <ul><li>All service</li><li>Insurance</li></ul> | ent Required;<br>cas except one-tile<br>ca must be on file<br>preement number |             |            |
|                |  | THE REPORT OF STREET  | mayir to olallir                |             |   |   |             |            |

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.  LEROY ANDERSON Auditor/Controller  Deputy County Auditor | •             |           |
| BOARD OF SUPERVISORS  |               |           |
| Approved: Date  | ·             |           |
| Chairman  | Signed by:    |           |
| CLAIMANT Michael Borges   | Mideal Borges | 3/31/2025 |

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

SIGNED

Department Head or Authorized Signature/Date

FORM A-121