

AUDITOR USE ONLY	
I hereby certify that the above claim was examined and approved by this office.	
LEROY ANDERSON Auditor/Controller	
By	<u>AZ 4/11/25</u> Deputy County Auditor
BOARD OF SUPERVISORS	
Approved: Date _____	
Chairman _____	

CLAIMANT Michael Borges

Signed by: Michael Borges 3/31/2025
FC20ABE6D484460

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

Keri Hargis 4-3-25
Department Head or Authorized Signature/Date