

COUNTY OF TEHAMA

STATE OF CALIFORNIA

CLAIM/AUTHORIZATION FOR RELEASE OF FUNDS

CLAIMANT'S NAME: KENT R. CARUSO, PH.D.
ADDRESS: P.O. BOX 994445
REDDING, CA. 96099

AUDITORS USE ONLY
COUNTY CLAIM NO:
VENDOR NO: 102157
KP & VERIFIED:

Need BOS Approval

(Do not address if transaction is between county departments)

Table with columns: DEPARTMENT (Defense Counsel), FUND/DEPT (2065, 2021), ACCT. NO (52320, 53160), PROJECT NO, ACCT. NO, WARRANT DESCRIPTIONS (People vs Case Number 18CR1049, COURT: BLOCKED TIME & TESTIMONY...), AMOUNT (\$750.00)

Table with columns: DATE (03/07/2024), DESCRIPTION (BLOKED COURT TIME and TESTIMONY RE: CASE#18CR1049 SUBPOENA COPY ATTACHED), TOTAL (\$750.00)

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.

AUDITORS USE ONLY
I hereby certify that the above claim was examined and approved by this office.
By Leroy Anderson, Auditor/Controller
Approved Date: 3/18/24

CLAIMANT: KENT R. CARUSO, PH.D.
LICENSED CLINICAL FORENSIC PSYCHOLOGIST
03/08/2024

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 of services have been delivered or performed as stated hereon except as otherwise indicated by me.

SIGNED: [Signature]
3/13/2024
Department Head or Authorized Signature/Date