

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

RECEIVED
APR 22 2026

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

(Do not address if transaction is between county departments)

DEPARTMENT USE				DEPARTMENT USE	
DEPARTMENT: Defense Counsel				PURCHASE ORDER/AGREEMENT NO: _____	
FUND/DEPT	ACCT. NO.	PROJECT NO.	ACCT. NO.	WARRANT DESCRIPTIONS (25 positions)	AMOUNT
2065 2017	52320 53230			People vs Case Number 25CR826 4/10/26 COURT TIME/TESTIMONY EX PARTE ORDER. HON. BOTTKE, JUDGE MENTAL HEALTH DIVERSION HEARING	\$ 800.00
DATE DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED.					TOTAL ▶ \$ 800.00
04/10/2026	04/10/2026 COURT & TESTIMONY (In-Person) MENTAL HEALTH DIVERSION HEARING Ex Parte - Appointment of Expert Fees				
Purchase Order Required:			Agreement Required:		
<ul style="list-style-type: none"> • Supplies over allowed maximum • Supplies + labor or installation charges • One-time Services (Ins. must be on file) • Write P.O. Number above & attach to claim 			<ul style="list-style-type: none"> • All services except one-time • Insurance must be on file • 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, 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.

LERROY ANDERSON
Auditor/Controller

By _____
Deputy County Auditor

BOARD OF SUPERVISORS

Approved: Date _____

Chairman _____

CLINICAL-FORENSIC PSYCHOLOGIST

CLAIMANT Kent R. Caruso, Ph.D.
KENT R. CARUSO, PH.D. 04/13/2026

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 [Signature] 4/28/2026

Department Head or Authorized Signature/Date