

## **COUNTY OF TEHAMA** AUDITORS USE ONLY STATE OF CALIFORNIA COUNTY CLAIM No: **CLAIM / AUTHORIZATION FOR RELEASE OF FUNDS** VENDOR No: KP & VERIFIED: 2 4 CLAIMANT'S NAME Benjamin E. Magid PO Box 2965 ADDRESS Weaverville, CA 96093 PURCHASE ORDER / AGREEMENT No.; (Do not address if transaction is between County departments) DEPARTMENT: WARRANT DESCRIPTION (26 positions) FUND / DEPT. PROJECT No. ACCT. No. AMOUNT 106-2026 5323015 23CR-002280 \$1,040.00 53221 INV 12312262 5127125 DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED DATE TOTALD \$1,040.00 5/27/2025 **Conflict Counsel** Original: Auditor Copy 1: Claims File Copy 2: Copy 3: Purchase Order Required: Apreement Required: o Supplies over allowed maximum a All services except one-time o Supplies + labor or installation charges o Certificate of Insurance must be on file o One-time services (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 set in there of has according to the same is presented within one year after the last set in the same is presented within one year after the last set in the same is presented within one year after the last set in the same is presented within one year after the last set in the same is presented within one year after the last set in the same is presented within one year after the last set in the same is presented within one year after the last set in the same is presented within one year after the last set in the same is presented within one year after the last set in the same is presented within one year after the last set in the same is presented within one year after the last set in the same is presented within the same is presented within one year after the last set in the same is presented within the same is present

o Write P.O. Number above & attach to claim.

AUDITORS USE ONLY	CLAIMANT
I hereby certify that the above claim was examined and approved by this office.	
By AZ Letzol25 Auditor-Controller	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
Deputy County Auditor	and ware ordered by me for use by the department and for the purpose indicated above
BOARD OF SUPERVISORS	or services have been delivered or performing as stated hereon except as otherwise
Approved:	indicated by gre.
Date	SIGNERAL THE SUBLIME 6/16/2025
Cheimen	Department Head or Authorized Signature / Date