

COUNTY OF TEHAMA
STATE OF CALIFORNIA
CLAIM / AUTHORIZATION FOR RELEASE OF FUNDS

CLAIMANT'S NAME Benjamin E. Magid
ADDRESS PO Box 2965
Weaverville, CA 96093

(Do not address if transaction is between County departments)

AUDITORS USE ONLY

COUNTY CLAIM No:

VENDOR No:

KP & VERIFIED:

PURCHASE ORDER / AGREEMENT No.:

DEPARTMENT:

[illegible]

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 item thereof has accrued.

AUDITORS USE ONLY	
I hereby certify that the above claim was examined and approved by this office.	
Krista Peterson Auditor-Controller	
By	AZ 6/20/25
Deputy County Auditor	
BOARD OF SUPERVISORS	
Approved:	
Date	
Chairman	

CLAIMANT

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

SIGN

Department Head or Authorized Signature _____

6/16/2025

/ Dorte