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25-1834

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

VENDOR: Forensic Analytical Crime Lab
ADDRESS: 3777 Depco Rd. Ste. 403
Hayward CA 94545

AUDITORS USE ONLY	
COUNTY CLAIM No.	
VENDOR No.	106817
KP & VERIFIED	

PURCHASE ORDER / AGREEMENT No.:

DEPARTMENT:

FUND / DEPT.	ACCT #	PROJECT No.	ACCT. No.	WARRANT DESCRIPTION (25 positions)	
2065	52320				\$6,745.00
2026	53221			Case Number 24JU000001	
				see itemized invoice attached	
				Inv 76498	
				9/30/25	

DATE	DESCRIPTION CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED	TOTAL	
		\$6,745.00	
Ex Parte Request for Fees			

Original: Auditor
Copy 1: Claims File
Copy 2:
Copy 3:

Purchase Order Required:

- a. Supplier's invoice with maximum
- b. Supplier's label on invoice charges
- c. One and a half day insurance must be attached
- d. Vendor P.O. Number above & attached to claim

Agreement Required:

- a. All services must be in time
- b. Certificate of insurance must be on file
- c. Written Agreement Number above

Under penalty of perjury, certify that the above claim and the terms and statements as herein set forth are true and correct, that no part has been paid, that the amount thereon is justly due, and that the same is presented within one year after the last term therein has accrued.

AUDITORS USE ONLY	
I hereby certify that the above claim was submitted and approved by the officer	
3, AZ 10/15/25	LEROY ANDERSON Auditor Controller
Deputy County Auditor	
BOARD OF SUPERVISORS	
Approved	
Date	
Comments	

C. ALVANT *Cynthia Aguilar*

I hereby certify under penalty of perjury that I have not violated any of the provisions of the County Charter or the Title One of the County Code. I further certify that the articles of services specified in the above claim were necessary and were provided by the contractor for the purpose and for the purpose specified above. No services have been delivered or performed as stated in the above claim, otherwise no exception.

SIGNED

Department Head or Authorized Signature

10/10/25

Date