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

AUDITORS USE ONLY	
COUNTY CLAIM No:	
VENDOR No: 132443	KP & VERIFIED:

CLAIMANT'S NAME Benjamin E. Magid
ADDRESS PO Box 2965
Weaverville, CA 96093
(Do not address if transaction is between County departments)

PURCHASE ORDER / AGREEMENT No.:

DEPARTMENT:

FUND / DEPT.		PROJECT No.	ACCT. No.	WARRANT DESCRIPTION (25 positions)	AMOUNT
106-2026		5323015			$2,656.00
				Case 23CR002624 and	
				23CR000419 & 22CR002764	

DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED	TOTAL	
10/8/2024	Appointment of Conflict Counsel		$2,656.00

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

Purchase Order Required:
- o Supplies over allowed maximum
- o Supplies + labor or installation charges
- o One-time services (insurance must be on file)
- o Write P.O. Number above & attach to claim.

Agreement Required:
- o All services except one-time
- o Certificate of 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 item thereof has accrued.

CLAIMANT

AUDITORS USE ONLY

I hereby certify that the above claim was examined and approved by this office.

Krista Peterson
Auditor-Controller

By AZ 10/25/24
Deputy County Auditor

BOARD OF SUPERVISORS

Approved:

Date

Chairman

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 hereon except as otherwise indicated by me.

SIGNED 10/16/2024
Department Head or Authorized Signature / Date