

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

AUDITORS USE ONLY	
COUNTY CLAIM No:	
VENDOR No: 134367	KP & VERIFIED:

VENDOR CyberCorp Forensics
 ADDRESS 6724 9th Ave.
Sacramento, CA 95820

PURCHASE ORDER / AGREEMENT No.:

DEPARTMENT:

FUND / DEPT.	ACCT #	PROJECT No.	ACCT. No.	WARRANT DESCRIPTION (25 positions)
2026	53221			Ex Parte Request for Appointment of Expert and Fees
				Case 24CR1522

DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED	TOTAL
10/3/2024	Cell phone forensics, P. v. Erin Kealy, 24cr1522	\$1,750.00

Original: Auditor Copy 1: Claims File Copy 2: Copy 3:	<u>Purchase Order Required:</u> <input type="checkbox"/> Supplies over allowed maximum <input type="checkbox"/> Supplies + labor or installation charges <input type="checkbox"/> One-time services (insurance must be on file) <input type="checkbox"/> Write P.O. Number above & attach to claim.	<u>Agreement Required:</u> <input type="checkbox"/> All services except one-time <input type="checkbox"/> Certificate of insurance must be on file <input type="checkbox"/> Write Agreement Number above.
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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 occurred.

AUDITORS USE ONLY	
I hereby certify that the above claim was examined and approved by this office.	
By AZ 12/06/24 Deputy County Auditor	LEROY M ANDERSON Auditor-Controller
BOARD OF SUPERVISORS	
Approved:	
Date	
Chairman	

CLAIMANT A. Larabee 12-4-24
 Alessia Larabee, Contract Public Defender, for 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.

SIGNED [Signature] 12/5/2024
 Department Head or Authorized Signature / Date