

25-1010

RECEIVED
MAY 27 2025

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:
<u>132443</u>	

PURCHASE ORDER / AGREEMENT No.:

DEPARTMENT:

FUND / DEPT.	PROJECT No.	ACCT. No.	WARRANT DESCRIPTION (25 positions)	AMOUNT
106-2026	6323015		INV 12312260	\$3,264.00
	53221		Case 24JU0094 5/19/25	
DATE 5/27/2025	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED			TOTALS
	Conflict Counsel			\$3,264.00

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

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

Agreement Required:
☐ All services except one-time
☐ Certificate of Insurance must be on file
☐ 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 occurred.

AUDITORS USE ONLY	
I hereby certify that the above claim was examined and approved by this office.	
By <u>AZ 5/30/25</u>	Krista Peterson Auditor-Controller
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.

SIGNED

James L. White 5/29/2025
Department Head or Authorized Signature / Date