

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 2							
	Weaverville, CA 96093					PURCHASE ORDER / AGREEMENT No.:		
	(Do not add	tress if transaction is be	tween County de	partments)		1		
DEPARTMENT:								
FUND / DEPT.		PROJECT No.	ACCT. No.	WAR	RANT DESC	RIPTION (25 positions)	AMOUNT	
106-2026		5323015		1	210	CR003112	\$7,663.15	
		53221		INV 123		2297		
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DATE	DESCRIPTION -	- CLAIMS MUST BE IT	EMIZED AND IN	OICES ATT	ACHED	TOTALD	\$7,663.15	
10/28/2025	l					ſ		
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		611 4 6						
	Co	Conflict Counsel						
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Originals Auditor	L	Purchase Order	Paguirod:			Agreement Required;		
		o Supplies over allowed maximum o Supplies + labor or installation charges				o All services except one-time o Certificate of Insurance must be on file		
Copy 2:				o One-time services (insurance must be on file) o Write P O Number above & attach to claim				
Copy 2: Copy 3:				be on file)		o Write Agreement Number above	9.	

AUDITORS USE ONLY CLAIMANT I hereby certify that the above claim was examined and approved by this office hereby certify under penalty of penjury, that I have not violated any of the provisions Knsta Peterson Auditor-Controller of Article Four, Chapter One, Division Four, Title One of the Calif Gov Code AZ 11104/25 Furthermore, that the articles of services specified in the above claim were necessary Deputy County Auditor and were ordered by me for use by the department and for the purpose indicated above BOARD OF SUPERVISORS Approved indicated by me Date SIGNED Chairman