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OCT 29 2025

25-1966

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		21CR003112	\$7,663.15
	53221		INV 12312287	
			10/20/25	
DATE 10/28/2025	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED			TOTALD \$7,663.15
	Conflict Counsel			

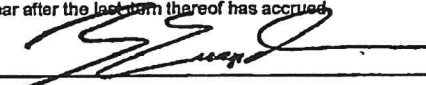
Original: Auditor
Copy 1: Claims File
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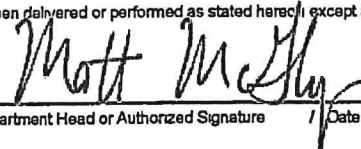
Purchase Order Required:
☐ Supplies over allowed maximum
☐ Supplies + labor or installation charges
☐ One-time services (insurance must be on file)
☐ Write P O Number above & attach to claim

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 accrued.

AUDITORS USE ONLY	
I hereby certify that the above claim was examined and approved by this office	
Kirsta Peterson Auditor-Controller	
By	AZ 11104125
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  10/31/2025
 Department Head or Authorized Signature / Date