

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

CLAIMANT'S NAME:
 ADDRESS:

Kent R. Caruso, Ph.D.
 P.O. Box 994445
 Redding, CA 96099

AUDITORS USE ONLY	
COUNTY CLAIM NO:	
VENDOR NO: 102157	KP & VERIFIED:

(Do not address if transaction is between county departments)

DEPARTMENT USE				DEPARTMENT USE		
DEPARTMENT: Defense Counsel				PURCHASE ORDER/AGREEMENT NO:		
FUND/DEPT	ACCT. NO	PROJECT NO.	ACCT. NO.	WARRANT DESCRIPTIONS (25 positions)	AMOUNT	
2065-	52320			People vs	\$1,000.00	
	53120			Case Number NCR63179		
				HON. MATTHEW McGLYNN, JUDGE		
				ODEH HIJAZEEN, ATTY.		
				3/14/24 PSYCHOLOGICAL EVALUATION		
				Appointment of Expert Clinical		
				Forensic Psychology		
				Regarding		
				Defense Evaluation		
DATE	DESCRIPTION -- CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED.				TOTAL ▶	\$1,000.00
3/14/24	PSYCHOLOGICAL EVALUATION					
	CASE#NCR63179					
	Purchase Order Required: • Supplies over allowed maximum • Supplies + labor or installation charges • One-time Services (Ins. must be on file) • Write P.O. Number above & attach to claim					
	Agreement Required: • All services except one-time • 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, and that the amount therein is justly due, and that the same is presented within one year after the last item thereof has accrued.

AUDITOR USE ONLY	
I hereby certify that the above claim was examined and approved by this office.	
LEROY ANDERSON Auditor/Controller	
By <u>AZ</u>	<u>3/18/24</u>
Deputy County Auditor	
BOARD OF SUPERVISORS	
Approved: Date _____	
Chairman	

CLINICAL FORENSIC PSYCHOLOGIST

CLAIMANT Kent R. Caruso, Ph.D.
KENT R. CARUSO, PH.D. 3/18/2024

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 or services specified in the above claim were necessary and were ordered by me for use by the department and for the purpose indicated above that the articles or services have been delivered or performed as stated herein except as otherwise indicated by me.

SIGNED _____
 Department Head or Authorized Signature/Date