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

AUDITORS USE ONLY COUNTY CLAIM No: VENDOR No: 1112 KP & VERIFIED:

				132	-4431		
CLAIMANT'S NAME							
ADDRESS	PO Box 2965						
	Weavervill	le, CA 96093			PURCHASE ORDER / A	GREEMENT No.:	
	(Do not addre	ess if transaction is be	tween County de	partments)			
DEPARTMENT:							
FUND / DEPT.		PROJECT No.	ACCT. No.	WARRANT DESCR	RIPTION (25 positions)	AMOUNT	
106-2026		5323015				\$3,680.00	
				Case 23CR02221	1		
	 						
	 						
	-						
DATE	DESCRIPTION -	CLAIMS MUST BE IT	EMIZED AND IN	VOICES ATTACHED	TOTALD	\$3,680.00	
10/4/2024					200 500 storm (500mill) (2)		
	ļ						
	Appointed Conflict Counsel						
			•				
Original: Auditor	lle o Supplies over allowed maximum o Supplies + labor or installation charges				Agreement Required: o All services except one-time o Certificate of Insurance must be on file o Write Agreement Number above.		
Copy 1: Claims Fi							
Copy 2: Copy 3:							
Jopy 3.		o Write P.O. Number		o saute waterment ismunes appa	• /		
		O WILLS P.O. NUMBE	andae e sitacu	io Gairt.			
Index papally of parion	o, I codify that th	o above claim and	the items and	elatomonte as boroir ant fa	rth, are true and correct; that	no nad has	
					the last item thereof has accr		
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AUDITORS USE ONLY	CLAIMANI		
I hereby certify that the above claim was examined and approved by this office.			
By AZ 10-110/24 Krista Peterson Auditor-Controller	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		
Deputy County Auditor	and were ordered by me for use by the department and for the purpose indicated above		
BOARD OF SUPERVISORS	or services have been delivered or performed as stated hereon except as otherwise		
Approved: Date	indicated by me. 10/8/2024 SIGNED 10/8/2024		
Chairman	Department Head or Authorized Signature / Date		