

**COUNTY OF TEHAMA
STATE OF CALIFORNIA**

CLAIM / AUTHORIZATION FOR RELEASE OF FUNDS

AUDITORS USE ONLY	
COUNTY CLAIM No:	
VENDOR No: 109759	KP & VERIFIED:

CLAIMANT'S NAME Department of Social Services
 ADDRESS 744 P Street, MS 8-3-67
Sacramento, CA 95814
(Do not address if transaction is between County departments)

PURCHASE ORDER / AGREEMENT No.:
Needs Board Approval

DEPARTMENT:		Soc. Services				
FUND	DEPT	ACCT. No.	PROJECT No	ACCT. No.	WARRANT DESCRIPTION (25 positions)	AMOUNT
108	5013	53280			IHSS MOE 3578.00 5/17	\$ 157,390.00
DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED				TOTAL <input type="checkbox"/>	\$ 157,390.00
	IHSS MOE for: May 2017					
	Total IHSS MOE paid FY to date: \$1,458,140					
	CEC Extraneous					

Original: Auditor	Purchase Order Required:	Agreement Required:
Copy 1: Claims File	<input type="checkbox"/> Supplies over allowed maximum	<input type="checkbox"/> All services except one-time
Copy 2:	<input type="checkbox"/> Supplies + labor or installation charges	<input type="checkbox"/> Certificate of Insurance must be on file
Copy 3:	<input type="checkbox"/> One-time services (insurance must be on file)	<input type="checkbox"/> Write Agreement Number above.
	<input type="checkbox"/> Write P.O. Number above & attach to claim.	

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.
LeRoy M. Anderson Auditor-Controller
By <u>VP 5/10/17</u> 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 hereon except as otherwise indicated by me.

SIGNED Stummerman 5/5/2017
 Department Head or Authorized Signature / Date

COUNTY OF TEHAMA
STATE OF CALIFORNIA

CLAIM/AUTHORIZATION FOR RELEASE OF FUNDS

CLAIMANT'S NAME William O'Donohue, Ph.D. LLC.
ADDRESS 4490 Mountain Gate Dr.
Reno, NV 89519

AUDITORS USE ONLY
COUNTY CLAIM NO:
VENDOR NO: 126071 KP & VERIFIED:

DEPARTMENT: Public Defender DEPARTMENT USE
PURCHASE ORDER/AGREEMENT NO:

FUND/DEPT	ACCT. NO.	PROJECT NO.	ACCT. NO.	WARRANT DESCRIPTION (25 positions)	AMOUNT
<u>2026</u>	<u>53221</u>			<u>People v [REDACTED]</u>	<u>3950.00</u>

DATE 4/7/17 DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED **TOTAL** ▶ 3950.00
People v [REDACTED] NCR 98155

- 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

By [Signature] 5/9/17
Deputy County Auditor

BOARD OF SUPERVISORS

Approved: Date _____
Chairman _____

CLAIMANT [Signature]

I Herby 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 that the articles or services have been delivered or performed as stated hereon except as otherwise indicated by me.

SIGNED [Signature] 5/8/17
Department Head or Authorized Signature / Date