

**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)*

<b>PURCHASE ORDER / AGREEMENT No.:</b>
Needs Board Approval

<b>DEPARTMENT:</b>		Soc. Services				
FUND	DEPT	ACCT. No.	PROJECT No.	ACCT. No.	WARRANT DESCRIPTION (25 positions)	AMOUNT
108	5013	53280			IHSS MOE 4229 5/18	\$ 143,845.00

DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED	TOTAL	AMOUNT
	IHSS MOE for: May 2018		\$ 143,845.00 ✓
	Total IHSS MOE paid FY to date: \$1,628,679		
	CEC Extraneous		

Original: Auditor	<b>Purchase Order Required:</b>	<b>Agreement Required:</b>
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>DL 5/2/18</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 Alison C. Lindsey 4/30/2018  
 Department Head or Authorized Signature / Date

COUNTY OF TENAMA  
STATE OF CALIFORNIA

CLAIM / AUTHORIZATION FOR RELEASE OF FUNDS

AUDITORS USE ONLY	
COUNTY CLAIM No:	
VENDOR No: 102157 ✓	KP & VERIFIED:

VENDOR: Kent R. Caruso, PH.D.  
ADDRESS: P.O. Box 994445  
Redding, CA 96099

PURCHASE ORDER / AGREEMENT No.:  
Needs board approval

DEPARTMENT: NCR 45405

FUND / DEPT.	ACCT #	PROJECT No.	ACCT. No.	WARRANT DESCRIPTION (25 positions)	
2026	53230			Psg Coal - none 1368R	1,137.50

DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED	TOTAL
04/12/2018	See attached invoice	\$1,137.50 ✓


Original: Auditor  
Copy 1: Claims File  
Copy 2:  
Copy 3:

**Purchase Order Required:**  
 o Supplies over allowed maximum  
 o Supplies + labor or installation charges  
 o One-time services (insurance must be on file)  
 o Write P.O. Number above & attach to claim.


**Agreement Required:**  
 o All services except one-time  
 o Certificate of Insurance must be on file  
 o 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.	
By	LERoy ANDERSON Auditor-Controller
	5/2/18 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  5/1/18  
Department Head or Authorized Signature / Date