

STAFF REPORT

BOARD MEETING DATE: January 9, 2024

CATEGORY: Consent Calendar 2

SUBJECT: Approve the County claims list, as submitted.

DEPARTMENT: Auditor-Controller

SUPERVISORIAL DISTRICT #: All

DEPARTMENT CONTACT: Nolda Short, Auditor-Controller, (530) 245-6657

STAFF REPORT APPROVED BY: Nolda Short, Auditor-Controller

<u>Vote Required?</u>	<u>General Fund Impact?</u>
Simple Majority Vote	No Additional General Fund Impact

RECOMMENDATION

Approve the County claims list in the amount of \$691,589.62, as submitted.

DISCUSSION

Approve the County claims list, as submitted.

ALTERNATIVES

The Board can choose not to approve, the vendors will not be paid.

OTHER AGENCY INVOLVEMENT

None

FISCAL IMPACT

No Additional General Fund Impact.

ATTACHMENTS:

1: BOS CLAIMS LIST 010924