

## STAFF REPORT

**BOARD MEETING DATE:** December 19, 2023

**CATEGORY:** Consent Calendar 1

**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 \$13,430.76, as submitted.

### DISCUSSION

Approve the County claims list, as submitted.

### ALTERNATIVES

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

### OTHER AGENCY INVOLVEMENT

None

### FISCAL IMPACT

No additional General Fund Impact.

### ATTACHMENTS:

1: BOS Claims List 12192023