

DISTRICT		Cameroon Estates CSD		Outside District Claim Form		PLEASE INDICATE CHECK DISTRIBUTION METHOD IN THE SPACE BELOW		PROCESSOR USE ONLY	
DATE:		1/22/2020							
PREPARED BY:		Karen Moonitz							
CONTACT PHONE:		(630)677-5889							
AUDITOR USE ONLY				DEPT.:					
				FILE NAME:					
				AUDITED BY:					
				DATE:					
				US MAIL: <input checked="" type="checkbox"/>		Return to District:			
				Call/fax for pickup:					
				Document Toll: \$3945.41					
				BATCH:					
				Entered by:					
				Date:					

THE ARTICLES FOR SERVICES DESCRIBED BY THE INVOICES ATTACHED AND LISTED BELOW WERE APPROVED AND ARE INCLUDED IN THE DISTRICT BUDGET THAT HAS BEEN ADOPTED BY THE BOARD OF DIRECTORS AND WERE NECESSARY FOR USE BY THE DISTRICT AND HAVE BEEN DELIVERED OR PERFORMED AND THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICES. I FURTHER CERTIFY I AM AUTHORIZED BY THE BOARD OF DIRECTORS TO APPROVE PAYMENT REQUESTS TO THE AUDITOR-CONTROLLER FOR THE ATTACHED INVOICES).

[illegible][illegible]