

PROCESSOR USE ONLY

AUDITED 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
 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.

Authorizing signatures:

AUTORIZING SIGNATURES:														
APPROVING AGENCY	VENDOR	SUFFIX	Invoice Number (Limit: 20)	AMOUNT	FILE NAME	DATE	AWARNS 2	ORG	OBJECT	DESCRIPTION (LIMIT 80 CHARACTERS)	AMOUNT	VENDOR NAME	SINGLE CHECK	DOC.
1	958	0	SDRMA 67861	6805.70	CECSD 06220	05/22/20	2	8024000	4100	CECSD SDRMA Liability Insurance for 2020/2021	6805.70	SDRMA		
1	958	0	SDRMA 68357	913.00	CECSD 06220	05/22/20	2	8024000	3060	CECSD SDRMA Workers Comp Insurance for 2020/2021	913.00	SDRMA		

[illegible]