Vouchers #1 Payables Interface CV1 (Permanent Vendors) - Outside District	Record:	**PLEASE INDICATE CHECK DISTRIBUTION METHOD IN THE SPACE BELOW:**
District Name:Cameron Estates CSD	Number / Interfaced By / Batch Date	US Mail: X
	Copy:	Return to District:
Date: 3/21/2019	Copied By / Copy Date	Call for pickup:_____
Prepared By: Karen Moonitz	Scan:	
Contact Phone (ext)	Scanned By / Scan Date	**Document Total: $240.00**
CECSD ClaimVoucher 3/21/2019	Audit:	
	Audited By / Audit Date	

I HEREBY CERTIFY THAT THE ARTICLES OR SERVICES DESCRIBED BY THE INVOICE(S) ATTACHED AND LISTED BELOW 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:

Authorizing signatures:

Date: March 21, 2019

LINE NO.	TRANS CODE	INDEX CODE	SUB OBJECT	USER CODE NUMBER	AMOUNT	DESCRIPTION (LIMIT 50 CHARACTERS)	VENDOR NUMBER	VENDOR SUFFIX	SINGLE CHECK	VENDOR NAME
1	210	8024000	4345		80.00	CECSD 3/21/19 Director Comp. Reg. meeting	012179	01		Doris Miller
2	210	8024000	4345		80.00	CECSD 3/21/19 Director Comp. Reg. meeting	028018	01		James Bergsten
3	210	8024000	4345		80.00	CECSD 3/21/19 Director Comp. Reg. meeting	028554	01		Joshua Clark