Outside District Claim Form

District:	Cameron Estates CSD
Date:	7/3/2021
Prepared By:	Karen Moontz
Contact Phone:	(830)877-8888

AUDITOR USE ONLY

DEPT:

FILE NAME:

AUDITED BY: Date:

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THE ARTICLES FOR SERVICES DESCRIBED BY THE INVOICE(S) 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 INVOICE(S).

Authorizing signatures:

ACCTG 1	VENDOR	SUITE	Invoice Number (Limit 20)	AMOUNT	FILE NAME	DATE	ACCTG 2	ORG	OBJECT	DESCRIPTION (LIMIT 60 CHARACTERS)	AMOUNT	VENDOR NAME	MANUAL CHECK	XXX
1	9620	0	07/03/2021	96.87	CECSD 070321	07/03/21	2	6024000	4803	CECSD employee mileage for June 2021	96.87	Karen Moontz		

FY 2020-2021