

District:	Cameron Estates CSD
Date:	5/30/2023
Prepared By:	Joy Regliando
Contact Phone:	(530) 677-2889

DEPT: \_\_\_\_\_  
FILE NAME: \_\_\_\_\_

Date:

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)

FILE NAME	DATE	ALWAYS	ORG
<p>EVERY APPROVED AND ARE INCLUDED IN THE DISTRICT BUDGETS OR SERVICES. I FURTHER CERTIFY I AM AUTHORIZED BY</p> <p><i>Theresa Kuroki</i></p>			

DESCRIPTION (LIMIT 80 CHARACTERS)	AMOUNT

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BATCH:

**Return to District:**

Entered by:

Date:

[illegible]