

District: _____		Cameroun Estates CSD		AUDITOR USE ONLY		OUTSIDE DISTRICT CLAIM FORM		PROCESSOR USE ONLY	
Date: _____		6/16/2022		DEPT: _____		FILE NAME: _____		PLEASE INDICATE CHECK DISTRIBUTION METHOD IN THE SPACE BELOW:	
Prepared By: _____		Karen Moonitz		US MAIL: <input checked="" type="checkbox"/>		Return to District		BATCH: _____	
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