

Vouchers #1 Payables Interface CV1 (Permanent Vendors) - Outside District		Record:		PLEASE INDICATE CHECK DISTRIBUTION METHOD IN THE SPACE BELOW:	
District Name: Cameron Estates CSD		<div>Number</div> <div>Interfaced By</div> <div>Batch Date</div>			
		Copy:		US Mail: <input checked="checked" type="checkbox"/>	
Date: 1/17/2019		Copied By		Return to District: <input type="checkbox"/>	
Prepared Karen Moonitz				Call for pickup: _____	
By:		Scan:			
Contact Phone (ext)		Scanned By		Scan Date	
CECSD Claim Voucher 1/17/2019		Audit:		Document Total: \$312.87	
		Audited By			
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:					

[illegible]

[illegible]