Outside District Claim Form

District:	Cameron Estates CSD
Date:	10/14/2022
Prepared By:	Joy Regglardo
Contact Phone:	(530) 677-5889

AUDITOR USE ONLY

DEPT:_____

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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:

ALWAYS 1	VENDOR	SUFFIX	Invoice Number (Limit 20)	AMOUNT	FILE NAME	DATE	ALWAYS 2	ORG	OBJECT	DESCRIPTION (LIMIT 50 CHARACTERS)	AMOUNT	VENDOR NAME	SINGLE CHECK
1	6620	0	10/10/2022	31.75	CECSD	10/14/22	2	8024000	4602	CECSD Karen Moonitz Mileage	31.75	Karen Moonitz	
1	1672	0	4720	260.00	CECSD	10/14/22	2	8024000	4313	CECSD McMurchie Law	260.00	McMurchie Law Firm	

DOC: