Vouchers #1 Payables Interface CV1
(Permanent Vendors) - Outside District

District Name:Cameron Estates CSD

Date: 3/13/2019

Prepared By: Karen Moonitz

Contact Phone (ext)

File Name: CECSD Claim Voucher 3/13/2019

Record:
Number | Interfaced By | Batch Date

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Copied By | Copy Date

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PLEASE INDICATE CHECK DISTRIBUTION METHOD IN THE SPACE BELOW:

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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:

Authorizing signatures:

Date: March 13, 2019

LINE NO.	TRANS CODE	INDEX CODE	SUB OBJECT	USER CODE NUMBER	AMOUNT	DESCRIPTION (LIMIT 50 CHARACTERS)	VENDOR NUMBER	VENDOR SUFFIX	SINGLE CHECK	VENDOR NAME
1	210	8024000	4197		1,140.00	CECSD Gate Transmitters Inv.2158 3/5/2019	007691	01		Capitol Iron
2	210	8024000	4602		81.78	CECSD employee mileage 2/03 - 2/28/2019	028447	01		Karen Moonitz