Outside District Claim Form

District:	Cameron Estates CSD
Date:	1/19/2023
Prepared By:	Joy Reggiardo
Contact Phone:	(530) 677-5889

AUDITOR USE ONLY

DEPT:_____

FILE NAME:_____

AUDITED BY: Date:

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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: Angela Johnson

ALWAYS 1	VENDOR	SUFFIX	Invoice Number (Limit 20)	AMOUNT	FILE NAME	DATE	ALWAYS 2	ORG	OBJECT	DESCRIPTION (LIMIT 60 CHARACTERS)	AMOUNT	VENDOR NAME	SINGLE CHECK	DOC:
1	12203	0	Reggiardo 12/31/2022	60.63	CECSD011923	01/19/23	2	8024000	4602	CECSD- Employee Mileage December 2022	60.63	Joy Reggiardo		
1	1881	0	Johnson 1/19/2023	80.00	CECSD011923	01/19/23	2	8024000	4345	CECSD-Board Meeting	80.00	Angela Johnson		
1	6720	0	Clark 1/19/2023	80.00	CECSD011923	01/19/23	2	8024000	4345	CECSD-Board Meeting	80.00	Joshua Clark		
1	12893	0	Reese 1/19/2023	80.00	CECSD011923	01/19/23	2	8024000	4345	CECSD-Board Meeting	80.00	Peter Reese		
1	2530	0	2023CECSD001	301.62	CECSD011923	01/19/23	2	8024000	4180	CECSD- Gate Repair and Reimbursement for Parts	301.62	Ken Moonitz		