Outside District Claim Form

District:	Cameron Estates CSD
Date:	1/5/2024
Prepared By:	Joy Regglardo
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

DOC:

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	14187	0	Ball 12/14/23	4588.00	CECSD 010524	01/05/24	2	8024000	4180	CECSD Repair Brickwork & Concrete on Bridges	4588.00	Ball Construction	
1	12203	0	Reggiardo 11/30/23	335.63	CECSD 010524	01/05/24	2	8024000	4602	CECSD November Employee Mileage Reimbursement	335.63	Joy Reggiardo	
1	12203	0	Reggiardo 12/31/23	47.50	CECSD 010524	01/05/24	2	8024000	4602	CECSD December Employee Mileage Reimbursement	47.50	Joy Reggiardo	
1	1246	0	LOTH 12/28/23	600.00	CECSD 010524	01/05/24	2	8024000	4440	CECSD LOTH Church Meeting Room FY 2024	600.00	Light of the Hills Church	