

District:	Cameron Estates CSD
Date:	4/10/2026
Prepared By:	Joy Reggardo
Contact Phone:	(530) 677-5889

DEPT: _____
FILE NAME: _____

Date:

DISTRICT AND HAVE BEEN DELIVERED OR PERFORMED AND THE ATTACHED INVOICE(S).

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INVOICE NO.	INVOICE NUMBER (LIMIT 20)	AMOUNT	FILE NAME	DATE	ALWAYS
	Invoice Number (Limit 20)				

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