

Outside District Claim Form										PROCESSOR USE ONLY	
District:		Cameron Estates CSD		AUDITOR USE ONLY		PLEASE INDICATE CHECK DISTRIBUTION METHOD IN THE SPACE BELOW				BATCH:	
Date:		11/20/2020								Entered by:	
Prepared By:		Karen Moonitz								Date:	
Contact Phone:		(530)877-6889									
Authorizing Signature:				Date:		11/20/2020		Amount:		\$880.77	
Auditor Signature:				Date:		11/20/2020		Amount:		\$880.77	
Invoice Number (Limit 20)		16		File Name		CECSD112020		Amount		360.00	
Vendor		9844		Date		11/20/20		Amount		160.77	
Invoice Number (Limit 20)		10/31/2020		File Name		CECSD112020		Amount		160.00	
Vendor		9844		Date		11/20/20		Amount		160.00	
Invoice Number (Limit 20)		4552		File Name		CECSD112020		Amount		160.00	
Vendor		1672		Date		11/20/20		Amount		160.00	
Invoice Number (Limit 20)				File Name				Amount			
Vendor				Date				Amount			
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