

Outside District Claim Form

District:	Cameron Estates CSD
Date:	4/10/2023
Prepared By:	Joy Reggliardo
Contact Phone:	(530) 677-5889

AUDITOR USE ONLY

DEPT: _____

FILE NAME: _____

Date: _____

THE ARTICLES FOR SERVICES DESCRIBED BY THE INVOICES 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 INVOICES.

Authorizing signatures:

Angela Johnson

Adam Knipp

AWYS

VENDOR

SUFFIX

Invoice Number (if 12)

AMOUNT

FILE NAME

DATE

AWYS

2

ORG

OBJECT

DESCRIPTION (LIMIT 60 CHARACTERS)

AMOUNT

VENDOR NAME

SINGLE CHECK

DOC:

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

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