

Outside District Claim Form

District:	Cameron Estates CSD	AUDITOR USE ONLY	PROCESSOR USE ONLY
Date:			
Prepared By:	Joy Regalado	DEPT:	BATCH:
Contact Phone:	(530) 877-5889	FILE NAME:	Entered by:
		AUDITED BY:	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.

*Angel Johnson*  
*Thomas K. Kinsel*

Authorizing signatures:

ALWAYS

VENDOR

OFFICE

Invoice Number (Limit 20)

AMOUNT

FILE NAME

DATE

ALWAYS

2

ORG

OBJECT

DESCRIPTION (LIMIT 60 CHARACTERS)

AMOUNT

VENDOR NAME

SINGLE

CHECK

DOC.

DOC.

DOC.

DOC.

DOC.

DOC.

DOC.

DOC.

DOC.

DOC.

DOC.

DOC.

DOC.

1

9844

0

42

360.00

CECSD 071823

07/13/23

2

8024000

4180

CECSD - Potable Repair

360.00

Isaias Garcia Handyman Services

1

9844

0

43

369.37

CECSD 071323

07/13/23

2

8024000

4197

CECSD - Potable Supplies

369.37

Isaias Garcia Handyman Services