Outside District Claim Form

District:	Cameron Estates CSD
Date:	6/21/2022
Prepared By:	Karen Moonitz
Contact Phone:	(530) 677-5889

AUDITOR USE ONLY

DEPT:_____

FILE NAME:_____

AUDITED BY: Date:

PLEASE INDICATE CHECK DISTRIBUTION METHOD IN THE SPACE BELOW:

US MAIL: X Return to District:

Call/Email for pickup:_____

Document Total: $7,847.81

PROCESSOR USE ONLY

BATCH:

Entered by:

Date:

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 Chris Miller

ALWAYS 1	VENDOR	SUFFIX	Invoice Number (Limit 28)	AMOUNT	FILE NAME	DATE	ALWAYS 2	ORG	OBJECT	DESCRIPTION (LIMIT 30 CHARACTERS)	AMOUNT	VENDOR NAME	SINGLE CHECK	DOC:
1	958	0	SDRMA 71990	6951.07	CECSD 062122	06/21/22	2	8024000	4100	CECSD SDRMA Liability Insurance for 2022/2023	6951.07	SDRMA		
1	958	0	SDRMA 69787	896.74	CECSD 062122	06/21/22	2	8024000	3060	CECSD SDRMA Workers Comp Insurance for 2022/2023	896.74	SDRMA		
										SDRMA Insurance Pre-Pay for FY 2022/2023				