

Outside District Claim Form

District: Camarillo Estates CSD
Date: 6/28/2024
Prepared By: Joy Regalado
Contact Phone: (805) 877-5889

AUDITOR USE ONLY
DEPT: _____
FILE NAME: _____

AUDITED BY: _____

DATE: _____

THE ARTICLES FOR SERVICES DESCRIBED BY THE INVOICE(S) ATTACHED AND LISTED BELOW WERE APPROVED AND AGREED TO 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 HEREBY CERTIFY I AM AUTHORIZED BY THE BOARD OF DIRECTORS TO APPROVE PAYMENT REQUESTS TO THE AUDITOR-CONTROLLER FOR THE ATTACHED INVOICES.

Angel Johnson
17th Floor

Authorizing Signature:

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