Outside District Claim Form

District:	Cameron Estates CSD
Date:	11/20/2025
Prepared By:	Joy Reggiardo
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: $400.00

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:

DOC:

ALWAYS 1	VENDOR	SUFFIX	Invoice Number (Limit 20)	AMOUNT	FILE NAME	DATE	ALWAYS 2	ORG	OBJECT	DESCRIPTION (LIMIT 60 CHARACTERS)	AMOUNT	VENDOR NAME	SINGLE CHECK
1	14631	0	Thomson 11/20/25	80.00	CECSD 112025	11/20/25	2	8024000	4345	CECSD- Board Meeting- Thomson	80.00	Richard Thomson	
1	14607	0	Panages 11/20/25	80.00	CECSD 112025	11/20/25	2	8024000	4345	CECSD- Board Meeting- Panages	80.00	Thomas Panages	
1	15239	0	Carter 11/20/25	80.00	CECSD 112025	11/20/25	2	8024000	4345	CECSD- Board Meeting- Carter	80.00	William Carter	
1	15240	0	King 11/20/25	80.00	CECSD 112025	11/20/25	2	8024000	4345	CECSD- Board Meeting- King	80.00	Charles King	
1	12893	0	Reese 11/20/25	80.00	CECSD 112025	11/20/25	2	8024000	4345	CECSD- Board Meeting- Reese	80.00	Peter Reese	