Outside District Claim Form

District:	Cameron Estates CSD
Date:	12/4/2025
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: $253.57

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: Charles L. Kay Wm Lee

ALWAYS 1	VENDOR	SUFFIX	Invoice Number (Limit 20)	AMOUNT	FILE NAME	DATE	ALWAYS 2	ORG	OBJECT	DESCRIPTION (LIMIT 50 CHARACTERS)	AMOUNT	VENDOR NAME	SINGLE CHECK	DOC:
1	000395	0	4302867130-3 120825	207.37	CECSD 12/04/25	12/04/25	2	8024000	4700	CECSD- P.G.& E. Statement 11/21/25	207.37	P.G.& E.		
1	12203	0	Reggiardo 11/30/25	46.20	CECSD 12/04/25	12/04/25	2	8024000	4602	CECSD- November Employee Mileage Reimbursement	46.20	Joy Reggiardo		