

District:	Cameron Estates CSD
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Date:	10/20/2020
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Prepared By:	Karen Moonitz
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Contact Phone:	(530) 677-5889
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AUDITOR USE ONLY
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AUDITED BY: _____

Outside District Claim Form

Date _____

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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 AND 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.

Authorizing signatures:

Michael

Angela Johnson

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