

District: Cameron Estates CSD Date: 11/16/2023 Prepared By: Joy Reggiardo Contact Phone: (530) 677-5869	AUDITOR USE ONLY DEPT: _____ FILE NAME: _____
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Date: _____

THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICES. I FURTHER CERTIFY THAT NO OTHER CLAIM HAS BEEN PRESENTED FOR THE SAME.

SUPPLY	Invoice Number (Limit)	AMOUNT	FILE NAME	DATE	<small>ALWAYS 3</small>	ORG	QTY

Angela Johnson

[illegible]