Vouchers #1 Payables Interface CV1
(Permanent Vendors) - Outside District

District Name:Cameron Estates CSD

Date: 5/29/2019

Prepared By: Karen Moonitz

Contact Phone (ext)

CECSD ClaimVoucher 5/29/2019

Record:
Number | Interfaced By | Batch Date

Copy:
Copied By | Copy Date

Scan:
Scanned By | Scan Date

Audit:
Audited By | Audit Date

PLEASE INDICATE CHECK DISTRIBUTION METHOD IN THE SPACE BELOW:

US Mail: [X]

Return to District: [ ]

Call for pickup:_____

Document Total: $5,956.05

I HEREBY CERTIFY THAT THE ARTICLES OR SERVICES DESCRIBED BY THE INVOICE(S) ATTACHED AND LISTED BELOW 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:

Authorizing signatures:

Date: May 29, 2019

LINE NO.	TRANS CODE	INDEX CODE	SUB OBJECT	USER CODE NUMBER	AMOUNT	DESCRIPTION (LIMIT 50 CHARACTERS)	VENDOR NUMBER	VENDOR SUFFIX	SINGLE CHECK	VENDOR NAME
1	210	8024000	3060		730.49	CECSD SDRMAInv.65943WkrCmpIns.2019/2020	008537	01		SDRMA
2	210	8024000	4100		5,225.56	CECSD SDRMA Inv.66382 liab. Ins.2019/2020	008537	01		SDRMA
						SDRMA Ins. Pre-Pay for FY 2019/2020				