

District:	Cameron Estates CSD
Date:	1/30/2023
Prepared By:	Joy Regliardo
Contact Phone:	(530) 677-5889

DEPT: _____
FILE NAME: _____

Date:

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER CERTIFY THAT I AM AUTHORIZED BY THE BOARD OF DIRECTORS TO APPROVE PAYMENT REQUESTS TO THE AUDITOR-CONTROLLER FOR THE ATTACHED INVOICES.

Noted for me

INVOICE NUMBER (LIMIT 29)		AMOUNT	FILE NAME	DATE	ORG	OBJECT	DESCRIPTION (LIMIT 50 CHARACTERS)	AMOUNT	VENDOR NAME
ALWAYS	VENDOR	SUFFIX							

[illegible]