

Outside District Claim Form

District:	Cameron Estates CSD	Auditor Use Only	
Date:	5/17/2024	DEPT:	
Prepared By:	Joy Reggiardo	FILE NAME:	
Contact Phone:	(530) 877-4489		

AUDITED BY:

Date:

THE ARTICLES FOR SERVICES DESCRIBED BY THE INVOICES ATTACHED AND LISTED BELOW WERE APPROVED AND ARE ENCLOSED 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. (FURNISH CERTIFY I AM AUTHORIZED BY THE BOARD OF DIRECTORS TO APPROVE PAYMENT REQUESTS TO THE AUDITOR/CONTROLLER FOR THE ATTACHED INVOICES).

[Signature]

[Signature]

AUTHORIZING SIGNATURE:

As per:

VENUE	START	Invoice Number (Limit 20)	AMOUNT	FILE NAME	DATE	ALIAS	ORG	OBJECT	DESCRIPTION (LIMIT 90 CHARACTERS)	AMOUNT	VENDOR NAME	INVOICE CHECK	DOC
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1	7691	0	2622	9800.00	CECSD 09274	05-07-24	2	8024000	4180	CECSD- New motion Spoling 18h Gate	9800.00	Capital Iron	
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1	12203	0	Reggiardo 4/30/2024	55.61	CECSD	05-07-24	2	8024000	4602	CECSD- Employee Manage Reimbursement April	55.61	Joy Reggiardo	
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PROCESSOR USE ONLY

PLEASE INDICATE CHECK DISTRIBUTION METHOD IN THE SPACE BELOW:

US MAIL: ☒ Return to District:

Confidential by phone: ☐ Document Total: \$9,855.61

Date: