

|                                                                                                                                            |  |                                                     |  |                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|--|--------------------|--|
| District: <u>Cameron Estates CSD</u><br>Date: <u>7/7/2028</u><br>Prepared By: <u>Joy Reggiardo</u><br>Contact Phone: <u>(430) 877-5889</u> |  | AUDITOR USE ONLY<br>DEPT: _____<br>FILE NAME: _____ |  | PROCESSOR USE ONLY |  |
| METHOD IN THE SPACE BELOW:                                                                                                                 |  |                                                     |  |                    |  |
| US MAIL: <input checked="" type="checkbox"/>                                                                                               |  | Return to District:                                 |  | BATCH:             |  |
| Differential for pickup:                                                                                                                   |  | Document Total: \$ <u>2087.73</u>                   |  | Entered by:        |  |

THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID 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 INVOICE(S).

**Authorizing signatures**

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[illegible]