

Outside District Claim Form

District:	Cameron Estates CSD	AUDITOR USE ONLY	PLEASE INDICATE CHECK DISTRIBUTION METHOD IN THE SPACE BELOW:	PROCESSOR USE ONLY
Date:	7/26/2022		US MAIL: <input checked="" type="checkbox"/> Return to District:	BATCH:
Prepared By:	Karen Moonitz	DEPT.:	Call/email for pickup:	Entered by:
Contact Phone:	(530)677-5889	FILE NAME:	Document Total: \$133.09	Date:

AUDITED BY:

Date:

THE ARTICLES FOR SERVICES DESCRIBED BY THE INVOICES ATTACHED AND LISTED BELOW WERE APPROVED AND ARE INCLUDED IN THE DISTRICT BUDGET THAT HAS BEEN APPROVED 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. I FURTHER CERTIFY I AM AUTHORIZED BY THE BOARD OF DIRECTORS TO APPROVE PAYMENT REQUESTS TO THE AUDITOR-CONTROLLER FOR THE ATTACHED INVOICES.

Authorizing signatures:

ALWAYS 1	VENDOR	SUFFIX	Invoice Number (Line 20)	AMOUNT	FILE NAME	DATE	ALWAYS 2	ORG	OBJECT	DESCRIPTION (LIMIT 50 CHARACTERS)	AMOUNT	VENDOR NAME	SAMPLE CHECK	DOC.
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Angela Johnson

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