Outside District Claim Form

District:	Cameron Estates CSD
Date:	9/29/2026
Prepared By:	Joy Regglardo
Contact Phone:	(530) 677-5889

AUDITOR USE ONLY

DEPT:_____

FILE NAME:_____

AUDITED BY: Date:

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THE ARTICLES FOR SERVICES DESCRIBED BY THE INVOICE(S) ATTACHED AND LISTED BELOW WERE APPROVED AND ARE INCLUDED 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. 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:

ALWAYS 1	VENDOR	SUFFIX	Invoice Number (Limit 20)	AMOUNT	FILE NAME	DATE	ALWAYS 2	ORG	OBJECT	DESCRIPTION (LIMIT 50 CHARACTERS)	AMOUNT	VENDOR NAME	SINGLE CHECK	DOC:
1	000395	0	4302867130-3 092226	210.69	CECSD 092926	09/29/26	2	8024000	4700	CECSD- PG&E 9/22/26 Statement	210.69	P.G.& E.		