

AUDITOR USE ONLY

DEPT: _____
FILE NAME: _____

Date:

THE DISTRICT AND HAVE BEEN DELIVERED OR PERFORMED AND THE ATTACHED INVOICE(S).

THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLE 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).

T. Ball

[illegible]