

|                |                     |
|----------------|---------------------|
| District:      | Cameron Estates CSD |
| Date:          | 8/27/2025           |
| Prepared By:   | Joy Regalardo       |
| Contact Phone: | (330) 877-5889      |

DEPT: \_\_\_\_\_  
FILE NAME: \_\_\_\_\_

Date:

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).

Mark W. Case

PLEASE INDICATE ON REPLY CARD NUMBER

**Return to District:**

Entered by:

Date:

[illegible]