

Customer District Claim Form

District: Cameron-Kellogg CSD  
Date: 4/23/2021  
Requested By: Karyn Meadows  
Contact Name: 438877 4489

APPLICATOR USE ONLY

APPROVED BY: [Signature]

Date:

THE APPLICATOR FOR SERVICES DESCRIBED BY THE ARTICLES ATTACHED AND LISTED HEREON MUST BE APPROVED BY THE BOARD OF DIRECTORS AND HAVE BEEN DELIVERED OR RETURNED AND THAT NO OTHER CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICES. FURNISH CERTIFY AND AUTHORITY BY THE BOARD OF DIRECTORS TO APPLICATOR PAYMENT REQUESTS TO THE APPLICATOR CONTRACTOR FOR THE ATTACHED SERVICES.

APPLICATOR SIGNATURE									
Article	Quantity	Service Number & Unit	Amount	File Number	Date	Qty	Unit	Contract	Order Number
1	1080	3512 04/22/2021	578.25	CECSD 04/20/21	05/28/21	2	8024000	4040	CECSD AT&T Services 04/10/2021
1	1080	3512 04/22/2021	116.77	CECSD 05/28/21	05/28/21	2	8024000	4040	CECSD INATE Services 04/10/2021
1	1080	3512 05/06/2021	129.89	CECSD 05/28/21	05/28/21	2	8024000	4040	CECSD Bldg Reg and Service 04/21/2021
1	1080	3512 05/11/2021	14.00	CECSD 05/28/21	05/28/21	2	8024000	4040	CECSD Prodigy Service 01/15/21
1	1080	3512 05/14/2021	97.66	CECSD 05/28/21	05/28/21	2	8024000	4040	CECSD Utility Billing Reg 01/15/21
1	1080	3512 05/16/2021	223.13	CECSD 05/28/21	05/28/21	2	8024000	4040	CECSD AT&T Services 04/10/2021