Outside District Claim Form

District:	Cameron Estates CSD	AUDITOR USE ONLY	
Date:	6/10/2021		
Prepared By:	Karen Moonitz	DEPT:	
Contact Phone:	(530) 677-5669	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: Angela Johnson

ALWAYS 1	VENDOR	SUFFIX	Invoice Number (Limit 25)	AMOUNT	FILE NAME	DATE	ALWAYS 2	ORG	OBJECT	DESCRIPTION (LIMIT 60 CHARACTERS)	AMOUNT	VENDOR NAME	SINGLE CHECK	DOC
1	958	0	SDRMA 70236	6497.36	CECSD 061021	06/10/21	2	8024000	4100	CECSD SDRMA Liability Insurance for 2021/2022	6497.36	SDRMA		
1	958	0	SDRMA 69787	912.60	CECSD 061021	06/10/21	2	8024000	3080	CECSD SDRMA Workers Comp Insurance for 2021/2022	912.60	SDRMA		
										SDRMA Insurance Pre-Pay for FY 2021/2022				