

District: Cameron Estates CSD Date: 6/27/2023 Prepared By: Joy Regliardo Contact Phone: (330) 877-5689		AUDITOR USE ONLY DEPT: _____ FILE NAME: _____	
OUTSIDE DISTRICT CLAIM 1 ONLY			
METHOD IN THE SPACE BELOW:			
US MAIL: X Return to District:		BATCH:	
Call/email for pickup: Document Total: \$3,287.05		Entered by:	

THE ARTICLES FOR SERVICES DESCRIBED AND LISTED BELOW WERE IN THE INVOICE(S) ATTACHED AND I AM AUTHORIZED BY THE BOARD OF DIRECTORS TO APPROVE PAYMENT REQUESTS TO THE ACCOUNT-CONTROLLING OFFICE FOR THE SERVICES DESCRIBED 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 ACCOUNT-CONTROLLING OFFICE FOR THE SERVICES DESCRIBED THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICES.

ALWAYS	VENDOR
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Authorizing signatures:		ALWAYS	VENDOR	SUPPLY	INVOICE NUMBER (LINE 2)	AMOUNT	FILE NAME	DATE	ALWAYS	ORG	OBJECT	DESCRIPTION (LIMIT 80 CHARACTERS)	AMOUNT	VENDOR NAME	CHECK	DOC.
1	988	0	73763	7388.68	CECSD 062723	06/27/23	2	8024000	4100	CECSD SDRMA Property/Liability	7388.68	SDRMA				
1	958	0	73338	896.37	CECSD 062723	06/27/23	2	8024000	4100	CECSD SDRMA Workers' Comp	896.37	SDRMA				
FY 2023-2024																