

PLEASE INDICATE CHECK DISTRIBUTION METHOD IN THE SPACE BELOW.

PROCESSOR USE ONLY

District:  
Date:

DEPT: \_\_\_\_\_

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

Date: \_\_\_\_\_

THE ARTICLES FOR SERVICES DESCRIBED BY THE INVOICES ATTACHED AND LISTED BELOW WERE APPROVED AND ARE INCLUDED IN THE DISTRICT BUDGET THAT HAS BEEN ADOPTED BY THE BOARD OF DIRECTORS AND THE AUDITOR-CONTROLLER FOR THE ATTACHED INVOICE(S). 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).

THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICES. I FURTHER CERTIFY I AM AUTHORIZED BY THE BOARD OF DIRECTORS TO MAKE THE FOREGOING REPRESENTATIONS AND STATEMENTS.

Miss Sully per se

**Authorizing signatures:**

SUFFIX		Invoice Num.
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AMOUNT

2

ORG

ABSTRACT

**DISCUSSION** *Staphylococcus aureus* was the most common isolate from the patients with skin lesions. The isolates were sensitive to all the antibiotics tested except methicillin. The isolates were also sensitive to the topical antibiotics tested. The isolates were also sensitive to the topical antibiotics tested. The isolates were also sensitive to the topical antibiotics tested.

[illegible]

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100

5

PLEASE INDICATE CHECK DISTRIBUTION METHOD IN THE SPACE BELOW:

**Return to District**

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Entered by	
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Date:

Day