Vouchers #1 Payables Interface CV1 (Permanent Vendors) - Outside District	Record:	**PLEASE INDICATE CHECK DISTRIBUTION METHOD IN THE SPACE BELOW:**
District Name:Cameron Estates CSD	Number / Interfaced By / Batch Date	
	Copy:	US Mail: [X]
Date: 9/19/2019	Copied By / Copy Date	Return to District: [ ]
Prepared By: Karen Moonitz	Scan:	Call for pickup:_____
Contact Phone (ext)	Scanned By / Scan Date	
CECSD ClaimVoucher 9/19/2019	Audit:	**Document Total: $1,892.50**
	Audited By / Audit Date	

I HEREBY CERTIFY THAT THE ARTICLES OR SERVICES DESCRIBED BY THE INVOICE(S) ATTACHED AND LISTED BELOW 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:

Authorizing signatures: [signature] [signature]

Date Sept., 19, 2019

LINE NO.	TRANS CODE	INDEX CODE	SUB OBJECT	USER CODE NUMBER	AMOUNT	DESCRIPTION (LIMIT 50 CHARACTERS)	VENDOR NUMBER	VENDOR SUFFIX	SINGLE CHECK	VENDOR NAME
1	210	8024000	4303		572.50	CECSD culv.camera Inv. No.32754788 9/10/19	500371	01		Veerkamp
2	210	8024000	4180		180.00	CECSD check gate loop Inv.No.2230 9/17/19	007691	01		Capitol Iron
3	210	8024000	4197		1,140.00	CECSD gate transmitters Inv.No.2229 9/17/19	007691	01		Capitol Iron