

District:	Cameron Estates CSD
Date:	6/27/2024
Prepared By:	Joy Regalardo
Contact Phone:	(530) 677-5889

DEPT: _____
FILE NAME: _____

Date:

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).

INVOICE		DATE		AMOUNT		FILE NAME		INVOICE NUMBER (FIRM ID)		SURFAX	

[illegible]