

Outside District Claim Form

District: Cameron Estates CSD  
Date: 9/7/2023  
Prepared By: Joy Reggiardo  
Contact Phone: (530) 877-5889

AUDITOR USE ONLY  
DEPT: \_\_\_\_\_  
FILE NAME: \_\_\_\_\_  
AUDITED BY: \_\_\_\_\_  
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 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 INVOICES.

*Angela Johnson*  
for me

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ALWAYS	VENDOR	SUFFIX	Invoice Number (if any)	AMOUNT	FILE NAME	DATE	ALWAYS	ORG	OBJECT	DESCRIPTION (LIMIT 60 CHARACTERS)	AMOUNT	VENDOR NAME	AMOUNT CHECK	DOC
1	1881	0	Johnson 9/7/23	60.00	CECSD 090723	09/07/23	2	8024000	4345	CECSD- Special Meeting	60.00	Angela Johnson		
1	6720	0	Clark 9/7/23	60.00	CECSD 090723	09/07/23	2	8024000	4345	CECSD- Special Meeting	60.00	Joshua Clark		
1	12893	0	Reese 9/7/23	60.00	CECSD 090723	09/07/23	2	8024000	4345	CECSD- Special Meeting	60.00	Peter Reese		
1	12203	0	Reggiardo 8/31/23	36.88	CECSD 090723	09/07/23	2	802400	4602	CECSD- Employee Misage Reimbursement	36.88	Joy Reggiardo		

FY 2023-2024