Outside District Claim Form

District:	Cameron Estates CSD	AUDITOR USE ONLY	
Date:	8/9/2021		
Prepared By:	Karen Moonitz	DEPT:	
Contact Phone:	(530)877-6885	FILE NAME:	
		AUDITED BY:	Date:

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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).

Authorizing signatures: Angela Johnson

SUMMARY #	VENDOR	DUPLICATE	Invoice Number (Limit 20)	AMOUNT	FILE NAME	DATE	ALWAYS #	ORG	OBJECT	DESCRIPTION (LIMIT 60 CHARACTERS)	AMOUNT	VENDOR NAME	SINGLE CHECK	DOC
1	6620	0	08/09/2021	73.75	CECSD 08/09/21	08/09/21	2	8024000	4602	CECSD employee mileage for July 2021	73.75	Karen Moonitz		
										FY 2021- 2022				