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	US Mail: X
	Copy:	Return to District:
Date: 7/26/2019	Copied By / Copy Date	Call for pickup:_____
Prepared By: Karen Moonitz	Scan:	
Contact Phone (ext)	Scanned By / Scan Date	**Document Total: $843.43**
CECSD ClaimVoucher 7/26/2019	Audit:	
	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: **Date: July 26, 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	4040		700.29	CECSD 4246044555653512 Sonitrol 7/3/19	010088	01		US Bank
2	210	8024000	4261		92.00	CECSD 4246044555653512 USPSrntbox7/9/19	010088	01		US Bank
3	210	8024000	4260		30.16	CECSD 4246044555653512 Cstcopaper7/10/19	010088	01		US Bank
4	210	8024000	4197		20.98	CECSD 4246044555653512 GldCoAce7/15/19	010088	01		US Bank
						FY 1019/2020				