

<b>Outside District Claim Form</b>		<b>PROCESSOR USE ONLY</b>	
District: _____ Date: _____ Prepared By: _____ Contact Phone: _____	CAMERON ESTATES CSD 2/15/2023 Joy Regalardo (650) 877-5889	PLEASE INDICATE CHECK DISTRIBUTION METHOD IN THE SPACE BELOW:  US MAIL: <input checked="" type="checkbox"/> Return to District: Call/fax for pickup: _____ Document Total: \$952.84	
AUDITOR USE ONLY  DEPT: _____ FILE NAME: _____		BATCH: _____ Entered by: _____ Date: _____	
AUDITED BY: _____		Date: _____	

T. Kneid Angela Johnson

[illegible]