Outside District Claim Form

District:	Cameron Estates CSD
Date:	8/16/2022
Prepared By:	Joy Reggiardo
Contact Phone:	(530) 677-5889

AUDITOR USE ONLY

DEPT:_____

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: 8/15/2022

ALWAYS 1	VENDOR	SUFFIX	Invoice Number (Limit 20)	AMOUNT	FILE NAME	DATE	ALWAYS 2	ORG	OBJECT	DESCRIPTION (LIMIT 50 CHARACTERS)	AMOUNT	VENDOR NAME	SINGLE CHECK
1	1672	0	4709	60.00	CECSD08162022	08/16/22	2	8024000	4313	CECSD July 2022 Meeting Question	60.00	McMurchie Law Firm	
1	12203	0	08/08/2022	81.84	CECSD08162022	08/16/22	2	8024000	4260	CECSD Staples Office Supplies	81.84	Joy Reggiardo	
1	12203	0	08/08/2022-02	2.41	CECSD08162022	08/16/22	2	8024000	4266	CECSD El Dorado Press- Map Copies	2.41	Joy Reggiardo	
										$84.25 to Joy Reggiardo Reimbursement			

DOC: