

Outside District Claim Form					
District:	Cameron Estates CSD	AUDITOR USE ONLY			
Date:	07/11/8/2024				
Prepared By:	Joy Rosgriando	DEPT.:			
Contact Phone:	(330) 877-5889	FILE NAME:			
		AUDITED BY:			
		Date:			
			PLEASE INDICATE CHECK DISTRIBUTION METHOD IN THE SPACE BELOW:		
			US MAIL: X	Return to District:	
			Call/email for pickup:		
			Document Total: \$320.00		
			BATCH:		
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			Date:		
			PROCESSOR USE ONLY		

Authorizing signatures: 

[Handwritten signature]

PLEASE INDICATE CHECK DISTRIBUTION METHOD IN THE SPACE BELOW.	PROCESSOR USE ONLY
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[illegible]