

Outside District Claim Form		PROCESSOR USE ONLY	
District:	Cameron Estates CSD	AUDITOR USE ONLY	
Date:	3/17/2020		
Prepared By:	Karen Moonitz		
Contact Phone:	(530)877-5889		
	DEPT: _____		
	FILE NAME: _____		
		PLEASE INDICATE CHECK DISTRIBUTION METHOD IN THE SPACE BELOW:	
		US MAIL: <input checked="" type="checkbox"/>	Return to District:
		Callmail for pickup:	
		Document Total: \$404.56	BATCH: _____
		Entered By: _____	

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).

Thanking

[illegible]