

Outside District Claim Form										PROCESSOR USE ONLY	
District:		Cameron Estates CSD		AUDITOR USE ONLY		PLEASE INDICATE CHECK DISTRIBUTION METHOD IN THE SPACE BELOW:		BATCH:			
Date:		4/24/2020		DEPT.:		US MAIL: <input checked="" type="checkbox"/>		Entered by:			
Prepared By:		Karen Moonitz		FILE NAME:		Return to District:		Date:			
Contact Phone:		(530)677-5888		AUDITED BY:		Document Total: \$-1267.99					
THE ARTICLES FOR SERVICES DESCRIBED BY THE INVOICES 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 INVOICES.											
Authorizing signatures:											
Vendor:		Cameron Estates CSD		Auditor:		Auditor:					
1		1080		0		3512 3/26/2020		7.75			
1		1080		0		3512 3/27/2020		700.29			
1		1080		0		3512 3/27/2020-1		106.53			
1		1080		0		3512 3/28/2020		6.42			
1		1080		0		3512 4/06/2020		99.99			
1		1080		0		3512 4/20/2020		30.20			
1		1080		0		3512 4/20/2020-1		317.08			
1		1080		0		3512 3/30/2020		-2536.25			
US Bank credit \$1267.99											