

<b>Vouchers #1 Payables Interface CV1</b> (Permanent Vendors) - Outside District		Record:		<b>PLEASE INDICATE CHECK DISTRIBUTION METHOD IN THE SPACE BELOW:</b>	
<b>District Name:</b> Cameron Estates CSD		Number Interfaced By Batch Date			
<b>Date:</b> 3/21/2019		Copy:		US Mail: <input type="checkbox"/>	
<b>Prepared By:</b> Karen Moonitz		Copied By Copy Date		Return to District: <input type="checkbox"/>	
<b>Contact Phone (ext)</b>		Scan:		Call for pickup:_____	
CECSO ClaimVoucher 3/21/2019		Scanned By Scan Date		<b>Document Total: \$240.00</b>	
Audit:		Audited By Audit Date			

Record:		
Number	Interfaced By	Batch Date
Copy:		
Copied By		Copy Date
Scan:		
Scanned By		Scan Date
Audit:		
Audited By		Audit Date

<p align="center"><b>PLEASE INDICATE CHECK DISTRIBUTION METHOD IN THE SPACE BELOW:</b></p>	
US Mail:	<input checked="checked" type="checkbox"/>
Return to District:	<input type="checkbox"/>
Call for pickup: _____	
<p><b>Document Total:      \$240.00</b></p>	

**I HEREBY CERTIFY THAT THE ARTICLES OR SERVICES DESCRIBED BY THE INVOICE(S) ATTACHED AND LISTED BELOW 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:**

**Authorizing signatures:**

**Date: March 21, 2019**

[illegible]

[illegible]