

PLEASE INDICATE CHECK DISTRIBUTION

PROCESSOR USE ONLY

PLEASE INDICATE CHECK DISTRIBUTION METHOD IN THE SPACE BELOW:

US MAIL: X	Return to District:
Call/email for pickup:	
On-call/Text: 614.440.00	

PROCESSOR USE ONLY	
BATCH:	

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 PRIMA CLAM 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).

Date:

Wm. S. Hall

Authorizing signatures:

ALWAYS 1	VENDOR	SUFFIX	INVOICE NUMBER (LIMIT 20)	AMOUNT	FILE NAME	DATE	ALWAYS 2	ORG	OBJECT	DESCRIPTION (LIMIT 60 CHARACTERS)	AMOUNT	VENDOR NAME	SINGLE CHECK
1	7691	0	2490	1380.00	CECSD09012022	09/01/22	2	8024000	4040	CECSD: 3 Boxes Trackable Transmitters	1380.00	Capitol Iron	DOC
1	12203	0	Reginaldo 09/01/2022	66.88	CECSD09012022	09/01/22	2	8024000	4602	CECSD: Employee Mileage August	66.88	Joy Reginaldo	

[illegible]