

District:	Cameron Estates CSD
Date:	2/2/2022
Prepared By:	Karen Moonitz
Contact Phone:	(530)677-5889

DEPT: _____
FILE NAME: _____

Date:

WHAT 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).

Angel Johns

ALWAYS *	VENDOR	SUFFIX	Invoice Number (limit 20)
-------------	--------	--------	---------------------------

ORG

DESCRIPTION (LIMIT 50 CHARACTERS)

VENDOR NAME

Doc:

US MAIL: <input checked="" type="checkbox"/>	Return to District:
--	---------------------

100

Return to District:

1	2
---	---

Date: