Vouchers #1 Payables Interface CV1
(Permanent Vendors) - Outside District

District Name:Cameron Estates CSD

Date: 9/18/2019

Prepared By: Karen Moonitz

Contact Phone (ext)

CECSD ClaimVoucher 9/18/2019

Record:
Number | Interfaced By | Batch Date

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Copied By | Copy Date

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PLEASE INDICATE CHECK DISTRIBUTION METHOD IN THE SPACE BELOW:

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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 Sept., 18, 2019

LINE NO.	TRANS CODE	INDEX CODE	SUB OBJECT	USER CODE NUMBER	AMOUNT	DESCRIPTION (LIMIT 50 CHARACTERS)	VENDOR NUMBER	VENDOR SUFFIX	SINGLE CHECK	VENDOR NAME
1	210	8024000	4303		56,371.00	CECSD Road Repair Inv. No.327547 9/10/19	500371	01		Veerkamp