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

District Name:Cameron Estates CSD

Date: 11/30/2018

Prepared By: Karen Moonitz

Contact Phone (ext)

CECSD ClaimVoucher 11/30/2018

Record:
Number | Interfaced By | Batch Date

Copy:
Copied By | Copy Date

Scan:
Scanned By | Scan Date

Audit:
Audited By | Audit Date

PLEASE INDICATE CHECK DISTRIBUTION METHOD IN THE SPACE BELOW:

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Return to District: [ ]

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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: Nov. 30, 2018

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	4462		50.92	CECSD 4246044555653512 CarbnCopy10/24/18	010088	01		US Bank
2	210	8024000	4620		116.47	CECSD 4246044555653512 PG&E 10/26/18	010088	01		US Bank
3	210	8024000	4240		16.03	CECSD 4246044555653512 ArnldsAwrds11/1/18	010088	01		US Bank
4	210	8024000	4040		454.85	CECSD 4246044555653512 ATT 11/19/2018	010088	01		US Bank