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

District Name:Cameron Estates CSD

Date: 11/18/2018

Prepared By: Karen Moonitz

Contact Phone (ext)

CECSD ClaimVoucher 11/18/2018

Record:
Number | Interfaced By | Batch Date

Copy:
Copied By | Copy Date

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Scanned By | Scan Date

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Audited By | Audit Date

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: Nov., 18, 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	4180		2,375.00	CECSD S.H. Gate Repair Inv. No.2105 11/17/18	007691	01		Capitol Iron