

Outside District Claim Form

District:	Cameroon Estates CSD
Date:	11/27/2024
Prepared By:	Joy Regalado
Contact Phone:	(630) 977-5899

AUDITOR USE ONLY

DEPT: _____

FILE NAME: _____

Date: _____

THE ARTICLES FOR SERVICES DESCRIBED BY THE INVOICES 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 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 INVOICES.

Angel Johnson

[Signature]

Authorizing signatures:

ADMIN

VENDOR

SUFFIX

Invoice Number (Limit 20)

AMOUNT

FILE NAME

DATE

ADMIN

2

ORG

OBJECT

DESCRIPTION (LIMIT 60 CHARACTERS)

AMOUNT

VENDOR NAME

SINGLE CHECK

DOC:

PROCESSOR USE ONLY

METHOD IN THE SPACE BELOW:

US MAIL: ☒ Return to District:

Estimated for pickup: _____

Document Total: \$1,633.92

BATCH:

Entered by:

Date: