

[illegible]

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 INVOICE(s).

Andersson, Peter

ALWAYS	VENDOR	SUFFIX	INVOICE NUMBER (DATE 03/16/24)	AMOUNT	FILE NAME	DATE	ALWAYS	ORG	OBJECT	DESCRIPTION (LIMIT 60 CHARACTERS)	AMOUNT	VENDOR CAL CARD	CHECK	DOC#
1	1080	0	3512 02/27/24	187.87	CECSD 032724	03/27/24	2	8024000	4700	CECSD PO&E Statement-02/23/24	187.87	US Bank Cal Card		
1	1080	0	3512 03/05/24	50.00	CECSD 032724	03/27/24	2	8024000	4143	CECSD Streamline- March 1-April 1 2024	50.00	US Bank Cal Card		
1	1080	0	3512 03/05/24-02	41.45	CECSD 032724	03/27/24	2	8024000	4420	CECSD Carbon Copy	41.45	US Bank Cal Card		
1	1080	0	3512 03/11/24	330.00	CECSD 032724	03/27/24	2	8024000	4040	CECSD MSC Integrativr Mobile	330.00	US Bank Cal Card		
1	1080	0	3512 03/16/24	83.75	CECSD 032724	03/27/24	2	8024000	4040	CECSD AT&T Statement 3/1/24	83.75	US Bank Cal Card		

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