Outside District Claim Form

District:	Cameron Estates CSD
Date:	12/12/2019
Prepared By:	Karen Moonitz
Contact Phone:	(530) 677-5889

AUDITOR USE ONLY

DEPT:_____

FILE NAME:_____

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THE ARTICLES FOR SERVICES DESCRIBED BY THE INVOICE(S) 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 INVOICE(S).

Authorizing signatures: Angela Johnson

ALWAYS 1	VENDOR	SUFFIX	Invoice Number (Limit 20)	AMOUNT	FILE NAME	DATE	ALWAYS 2	ORG	OBJECT	DESCRIPTION (LIMIT 50 CHARACTERS)	AMOUNT	VENDOR NAME	SINGLE CHECK	DOC:
1	6620	0	Moonitz 12/11/2019	76.62	CECSD 121219	12/12/19	2	8024000	4602	CECSD Employee Mileage 11/3-11/29/2019	76.62	Karen Moonitz		
1	1672	0	McMurchie 4451	4560.00	CECSD 121219	12/12/19	2	8024000	4313	CECSD Legal Services 11/5-11/26/2019	4560.00	McMurchie Law Firm		