# Outside District Claim Form

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|---|---|
| District: | Cameron Estates CSD |
| Date: | 7/29/2024 |
| Prepared By: | Joy Reggiardo |
| Contact Phone: | (530) 677-5889 |

AUDITOR USE ONLY

DEPT:_____

FILE NAME:_____

AUDITED BY: Date:

PLEASE INDICATE CHECK DISTRIBUTION METHOD IN THE SPACE BELOW:

US MAIL: X Return to District:

Call/Email for pickup:_____

Document Total: $189.92

PROCESSOR USE ONLY

BATCH:

Entered by:

Date:

*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:

| ALWAYS 1 | VENDOR | SUFFIX | Invoice Number (Limit 20) | AMOUNT | FILE NAME | DATE | ALWAYS 2 | ORG | OBJECT | DESCRIPTION (LIMIT 60 CHARACTERS) | AMOUNT | VENDOR NAME | SINGLE CHECK | DOC: |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 1080 | 0 | 3512 06/26/24 | 189.92 | CECSD 072924 | 07/29/24 | 2 | 8024000 | 4700 | CECSD P.G.& E. 6/24/24 Statement | 189.92 | U.S. Bank Cal Card | | |
| | | | | | | | | | | **Fiscal Year 2023-2024** | | | | |