

## Vouchers Payables CV1    Outside District

PLEASE INDICATE CHECK DISTRIBUTION

|                                |                         |  |            |            |                                   |                                      |                         |  |
|--------------------------------|-------------------------|--|------------|------------|-----------------------------------|--------------------------------------|-------------------------|--|
| <b>District Name:</b>          | <b>AUDITOR USE ONLY</b> |  |            |            | <b>METHOD IN THE SPACE BELOW:</b> |                                      | <b>AUDITOR USE ONLY</b> |  |
| <b>Golden West CSD</b>         | Copy:                   |  | Copied By  | Copy Date  | US Mail:                          | <input type="checkbox"/> Y           |                         |  |
| Date: 4/5/2016                 | Scan:                   |  | Scanned By | Scan Date  | Return to District:               | <input type="checkbox"/>             | CODED BY:               |  |
| Prepared By: Audrey B. Keebler | Audit:                  |  | Audited By | Audit Date | Call for pickup: _____            | <b>Document Total:    \$1,649.99</b> |                         |  |
| Contact Phone: 530-620-6844    |                         |  |            |            |                                   |                                      |                         |  |

*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:**

**Date:**

| LINE NO. | TRANS CODE | INDEX CODE | SUB OBJECT | AMOUNT | DESCRIPTION (LIMIT 50 CHARACTERS)                | VENDOR NUMBER | VENDOR SUFFIX | SINGLE CHECK | VENDOR NAME                                       | CV# |
|----------|------------|------------|------------|--------|--|---------------|---------------|--------------|---|-----|
| 1        | 201        | 801 116    | 4300       | 516.25 | GWCSO Consultant Invoice 19 March 2016           | 702671        | 01            | Y            | Hope Leja Admin Services                          |     |
| 2        | 201        | 801 116    | 4602       | 11.93  | GWCSO Consultant Mileage March 2016              | 702671        | 01            |              |   |     |
| 3        | 201        | 801 116    | 4300       | 737.50 | GWCSO Consultant GM Invoice March 2016           | 019672        | 01            | Y            | EL White Enigma Mgt Services                      |     |
| 4        | 201        | 801 116    | 4602       | 28.08  | GWCSO Consultant GM Mileage March 2016           | 019672        | 01            |              |   |     |
| 5        | 201        | 801 116    | 4400       | 109.20 | GWCSO Newsletter Printing Reimbursement          |               |               |              | Ken Hasse, 6861 Crystal Blvd, El Dorado, CA 95623 |     |
| 6        | 201        | 801 116    | 4260       | 71.88  | GWCSO Reimburse for 1&1 web site 3-21-16/3-21-17 | 025026        | 01            | Y            | Audrey B. Keebler                                 |     |
| 7        | 201        | 801 116    | 4420       | 175.15 | GWCSO Replenish Petty Cash Fund                  | 010853        | 01            |              | Golden West CSO                                   |     |
| 8        |            |            |            |        |  |               |               |              |   |     |
| 9        |            |            |            |        |  |               |               |              |   |     |
| 10       |            |            |            |        |  |               |               |              |   |     |
| 11       |            |            |            |        |  |               |               |              |   |     |
| 12       |            |            |            |        |  |               |               |              |   |     |
| 13       |            |            |            |        |  |               |               |              |   |     |
| 14       |            |            |            |        |  |               |               |              |   |     |





