

Vouchers Payables CV1 Outside District				PLEASE INDICATE CHECK DISTRIBUTION
District Name: Golden West CSD		AUDITOR USE ONLY		METHOD IN THE SPACE BELOW:
Date: 6/8/2016		Copy: _____ Copy Date: _____		US Mail: <input type="checkbox"/> Y <input type="checkbox"/>
Prepared By: Audrey Keebler, Finance Officer		Scan: _____ Scan Date: _____		Return to District: <input type="checkbox"/>
Contact Phone: 530-620-6844		Audit: _____ Audit Date: _____		Call for pickup: _____
				Document Total: \$3,895.00

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
	201	801 116	4191	3,895.00	GWCSO Hot Pour Crackfill Dolomite Inv 28945	008537	01		Sierra Striping