

Vouchers Payables CV1 Outside District

PLEASE INDICATE CHECK DISTRIBUTION

District Name: Golden West CSD		AUDITOR USE ONLY	
Date: 10/12/2016	Copy:	Copied By	Copy Date
Prepared By: Audrey Keebler	Scan:	Scanned By	Scan Date
Contact Phone: 530-620-6844	Audit:	Audited By	Audit Date

METHOD IN THE SPACE BELOW:

US Mail: Y

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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:

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	4191	346.10	GWCSO Sign Fabrication	025470	01		Spot On Signs	CV#
2	201	801 116	4313	192.50	GWCSO Prep info for audit	024996	01		Girard and Edwards	CV#
3	201	801 116	4313	117.50	GWCSO Prep info for audit	016885	01		McMurchie Law Firm	CV#
4										CV#
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