Vouchers Payables CV1 Outside District PLEASE INDICATE CHECK DISTRIBUTION										
Distri	ct Name:			AUDITOR USE ONLY			METHOD IN THE SPACE BELOW:			
	Gol	den West (CSD	Сору:		US Mail: Return to District:			AUDITOR USE ONLY	
Date:		5/3/2017		Copied By Copy Date			Call for pickup:			
		Audrey B Keebler		Scan:						BATCH DATE:
Conta	ct Phone:	530-620)-6844	Scanned By Scan Date			1			
				Audit:	Audit Date	Document Total: \$3,000.13			CODED BY:	
BY TH SAID	IE BOARD	FOR SERVICES DE OF DIRECTORS AI OR SERVICES. I FO OICE(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	
1	201	801 116	4300	615.00	GWCSD Bd Cons GM Inv 04302017-030	019672	01	Υ	EL White, Enigma Mgt Serv	CV#
2	201	801 116	4602	63.93	GWCSD Bd Cons GM Mileage	019672	01			CV#
3	201	801 116	4300	1,216.25	GWCSD Bd Cons Inv 32	702671	01	Y	Hope Leja, Admin Services	CV#
4	201	801 116	4602	13.11	GWCSD Bd Cons Mileage	702671	01			CV#
5	201	801 116	4260	28.63	GWCSD Reimburse supplies	026653	01		Diana Kaighn, Bd Member	CV#
6	201	801 116	4313	560.00	GWCSD Legal Work Inv 4047	016885	01		McMurchie Law Firm	CV#
7	201	801 116	4400	503.21	GWCSD print and mail newsletter	008219	01		Sierra Gold Graphics	CV#
8										CV#
9										CV#
10										CV#
11										CV#
12										CV#
13										CV#
14										CV#
15										CV#

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