

Vouchers Payables CV1 Outside District

PLEASE INDICATE CHECK DISTRIBUTION

District Name: Golden West CSD		AUDITOR USE ONLY	
Date: 3/3/2018	Copy:	Copied By	Copy Date
Prepared By: Audrey B Keebler	Scan:	Scanned By	Scan Date
Contact Phone: 530-620-6844	Audit:	Audited By	Audit Date

METHOD IN THE SPACE BELOW:

US Mail:

Return to District:

Call for pickup: _____

Document Total: \$600.35

AUDITOR USE ONLY

BATCH DATE:

CODED BY:

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	420.00	GWCSO Consult GM Inv 02282018-040	019672	01	Y	EL White Enigma Mgt Serv	CV#
2	201	801 116	4602	17.71	GWCSO Consult GM Mileage Feb 2018	019672				CV#
3	201	801 116	4260	20.51	GWCSO Reimb Office Expense 4" binder	025026	01		Audrey Keebler, Bd Member	CV#
4	201	801 116	4100	142.13	GWCSO SCIF Deposit Premium	002165	07		State Compensation Ins Fund	CV#
5										CV#
6										CV#
7										CV#
8										CV#
9										CV#
10										CV#
11										CV#
12										CV#
13										CV#
14										CV#
15										CV#