

Vouchers Payables CV1 Outside District

PLEASE INDICATE CHECK DISTRIBUTION

District Name: Golden West CSD		AUDITOR USE ONLY		METHOD IN THE SPACE BELOW:		AUDITOR USE ONLY	
Date: 3/26/2018	Copy:	Copied By	Copy Date	US Mail: <input checked="" type="checkbox"/>	Return to District: <input type="checkbox"/>	BATCH DATE:	
Prepared By: Audrey B Keebler	Scan:	Scanned By	Scan Date	Call for pickup: _____		CODED BY:	
Contact Phone: 530-620-6844	Audit:	Audited By	Audit Date	Document Total: \$4,684.88			

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: *Audrey B Keebler* *Louanna Lindberg* Date: 4/15/18

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	4260	71.88	GWCSO Reimburse 1&1 Internet 3-18 to 3-19	025026	01		Audrey Keebler Bd Member	POS 4-24
2	201	801 116	4191	4,613.00	GWCSO Weed Abatement Inv 2054	014458	01		All Green Landscape Solutions	PA 4-24
3										CV#
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Vouchers Payables CV1 Outside District

District Name: Golden West CSD		AUDITOR USE ONLY		PLEASE INDICATE CHECK DISTRIBUTION	
Date: 4/12/2018	Copy:			METHOD IN THE SPACE BELOW:	
Prepared By: Audrey B Keebler	Copied By	Copy Date		US Mail: <input type="checkbox"/> Y <input type="checkbox"/>	AUDITOR USE ONLY
Contact Phone: 530-620-6844	Scanned By	Scan Date		Return to District: <input type="checkbox"/>	
	Audit:	Audit Date		Call for pickup: _____	BATCH DATE:
				Document Total:	\$1,559.24
				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: *[Signature]* *[Signature]* Date: 4/15/18

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	1,050.00	GWCSO Consult GM Inv 03312018-041	019672	01	X	EL White Enigma Mgt Services	Pa 4-24
2	201	801 116	4602	85.56	GWCSO Consult GM Mileage Inv 03312018-041	019672	01			Pa 4-24
3	201	801 116	4300	411.25	GWCSO Bd Consult Inv #42	702671	01	X	Hope Leja Admin Services	Pa 4-24
4	201	801 116	4602	12.43	GWCSO Bd Consult Mileage Inv #42	702671	01			Pa 4-24
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15										CV#

Vouchers Payables CV1 Outside District

PLEASE INDICATE CHECK DISTRIBUTION

District Name: Golden West CSD	AUDITOR USE ONLY	METHOD IN THE SPACE BELOW: US Mail: <input type="checkbox"/> Y <input type="checkbox"/> Return to District: <input type="checkbox"/> Call for pickup: _____
Date: 5/2/2018	Copy: _____ Copy Date: _____	Document Total: \$1,444.66
Prepared By: Audrey B Keebler	Scan: _____ Scan Date: _____	
Contact Phone: 530-620-6844	Audit: _____ Audit Date: _____	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: *[Signature]* *[Signature]* **Date:** 3 May 2018

LINE NO.	TRANS CODE	INDEX CODE	SUB OBJECT	AMOUNT	DESCRIPTION (LIMIT 60 CHARACTERS)	VENDOR NUMBER	VENDOR SUFFIX	SINGLE CHECK	VENDOR NAME	CV#
1	201	801 116	4300	585.00	GWCSO Consult GM Inv 04302018-042	019672	01	Y	EL White Enigma Mgt Services	Pd 5-10
2	201	801 116	4602	39.78	GWCSO Consult GM mileage April 2018	019672	01			Pd 5-10
3	201	801 116	4197	98.31	GWCSO Consult GM Supplies Reimb	019672	01			Pd 5-10
4	201	801 116	4260	21.57	GWCSO Reimburse 1&1 Internet Ext Sppt	025026	01		Audrey Keebler, Bd Member	Pd 5-10
5	201	801 116	4100	700.00	Insurance Premium	002165	07		State Compensation Ins Fund	Pd 5-10
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Vouchers Payables CV1 Outside District

Vouchers Payables CV1 Outside District		PLEASE INDICATE CHECK DISTRIBUTION	
District Name:	AUDITOR USE ONLY	AUDITOR-CONTROLLER	
Golden West CSD	Copy:	METHOD IN THE SPACE BELOW:	
Date: 6/4/2018	Copied By:	US Mail: <input checked="" type="checkbox"/>	10
Prepared By: Audrey B Keebler	Copy Date:	Return to District: <input type="checkbox"/>	AUDITOR USE ONLY
Contact Phone: 530-620-6844	Scan:	Call for pickup: _____	BATCH DATE:
	Scanned By:		
	Audit:	Document Total: \$19,471.91	CODED BY:
	Audited By:		
	Audit Date:		

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: *Audrey B Keebler* *Tommy L. Leal* Date: *5 June 2018*

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	14,650.00	GWCSO Shoulder Repair Inv 27286	500472	01		Joe Vicini Inc	CV#
2	201	801 116	4400	93.13	GWCSO Legal Notices Inv 4978, 4989, 5034	501079	01		Mt. Democrat Inc	CV#
3	201	801 116	4191	3,950.00	GWCSO Road side clearance	012589	01		Hilltop Tree Service	CV#
4	201	801 116	4300	465.00	GWCSO GM Consultant hours Inv 05312018-043	019672	01	X	EL White Enigma Mgt Serv	CV#
5	201	801 116	4602	20.43	GWCSO GM Consultant Mileage	019672	01			CV#
6	201	801 116	4300	280.00	GWCSO Bd Consultant Inv 43	702671	01	X	Hope Leja Admin Serv	CV#
7	201	801 116	4602	13.35	GWCSO Bd Consultant Inv 43	702671				CV#
8										CV#
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