			Vouche	ers Payables CV1 Outside District			PLEASE INDICATE CHECK DISTRIBUTION		CHECK DISTRIBUTION	
Distri	ct Name:			AUDITOR USE ONLY			METHOD IN THE SPACE BELOW:		PACE BELOW:	
	Go	lden West C	SD	Copy:			US Mail: X			AUDITOR USE ONLY
Date:		9/26/2017			Copied By Copy Date Return to District:			t:		
_		Audrey B Keebler		Scan:			Call for pickup:			BATCH DATE:
Contact Phone: 530-620-6844				Scanned By S			Document Total: \$9,450.00			
				Audit: Audited By						CODED BY:
THE E	BOARD OF	FOR SERVICES DES DIRECTORS AND W ERVICES. I FURTHE								
Auth	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	801 118	4191	8,600.00	GWCSD Road Striping Inv 4078	022390	01	Х	Sierra Traffic Markings, Inc	CV#
2	201	801 118	4191	850.00	GWCSD Road Striping Inv 4079	022390	01			CV#
3										CV#
4										CV#
5										
6										CV#
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15										CV#

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