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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------|------------|--------|---------------------------------------|----------------------------------------------|---------------|--------------|-------------------------------|-------|--|
| Vouchers Payables CV1    Outside District                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                  |            |        |                                       | PLEASE INDICATE CHECK DISTRIBUTION           |               |              |                               |       |  |
| District Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | AUDITOR USE ONLY |            |        |                                       | METHOD IN THE SPACE BELOW:                   |               |              | AUDITOR USE ONLY              |       |  |
| GOLDEN WEST CSD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Copy:            |            |        |                                       | US Mail: <input type="checkbox"/> x          |               |              |                               |       |  |
| Date: 2/25/2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Copied By        |            |        |                                       | Return to District: <input type="checkbox"/> |               |              | BATCH DATE:                   |       |  |
| Prepared By: Audrey Keebler                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | Scan:            |            |        |                                       | Call for pickup: _____                       |               |              |                               |       |  |
| Contact Phone: 530-620-6844                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | Scanned By       |            |        |                                       | Scan Date                                    |               |              | Document Total:    \$1,058.98 |       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Audit:           |            |        |                                       |                                              |               |              | 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                  |            |        |                                       |                                              |               |              |                               | 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 1000         | 4313       | 400.00 | Prof Serv Legal Inv #4346             | 001672                                       | 00            |              | McMurchie Law Firm            | CV#   |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 201        | 801 1000         | 4500       | 658.98 | Gen Election Nov 6, 2018 Inv #2019061 | 000762                                       | 00            |              | EDC Registrar of Voters       | CV#   |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                  |            |        |                                       |                                              |               |              |                               | CV#   |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                  |            |        |                                       |                                              |               |              |                               | CV#   |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                  |            |        |                                       |                                              |               |              |                               | CV#   |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                  |            |        |                                       |                                              |               |              |                               | CV#   |  |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                  |            |        |                                       |                                              |               |              |                               | CV#   |  |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                  |            |        |                                       |                                              |               |              |                               | CV#   |  |
| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                  |            |        |                                       |                                              |               |              |                               | CV#   |  |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                  |            |        |                                       |                                              |               |              |                               | CV#   |  |
| 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                  |            |        |                                       |                                              |               |              |                               | CV#   |  |
| 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                  |            |        |                                       |                                              |               |              |                               | CV#   |  |
| 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                  |            |        |                                       |                                              |               |              |                               | CV#   |  |
| 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                  |            |        |                                       |                                              |               |              |                               | CV#   |  |
| 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                  |            |        |                                       |                                              |               |              |                               | CV#   |  |