Vouchers Payables CV1 Outside District

District Name:

Golden West CSD

Date: 5/27/2019

Prepared By: Audrey Keebler

Contact Phone: 530-620-6844

AUDITOR USE ONLY

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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	4100	810.00	Policy # 1915579-18	000235	01		State Compensation Insurance Fund, PO Box 7441, San Francisco, CA 94120-7441	CV#
2										CV#
3										CV#
4										CV#
5										CV#
6										CV#
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15										CV#