

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: ☐ x					
Date: 5/27/2019		Copied By				Return to District: ☐			BATCH DATE:		
Prepared By: Audrey Keebler		Scan:				Call for pickup: _____					
Contact Phone: 530-620-6844		Scanned By				Scan Date			Document Total: \$1,531.23		
		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	4400	39.75	Public Notice Gann Inv 6387	004974	00	X	Mt. Democrat	CV#	
2	201	801 1000	4400	46.38	Public Notice Annual Budget Inv 6424	004974	00			CV#	
3	201	801 1000	4100	1,445.10	Property/Liability Insurance Inv 66455	000958	00		SDRMA (Special Risk Management Authority)	CV#	
4										CV#	
5										CV#	
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