TEHAMA COUNTY DEPARTMENT OF EDUCATION			
BUSINESS SERVICES			
A/P TRANSMITTAL			
DISTRICT/ORG:			
PREPARED BY:			
DATE SUBMITTED TO COUNTY OFFICE:			
Approval Batch ID number(s) included:			
Number of Payments included:			Number of CHECKS:
TOTAL CHECK AMOUNT \$			
NORMAL RETURN WILL BE 5 WORKING DAYS. IF THERE IS A NEED FOR A WARRANT TO BE PROCESSED IMMEDIATELY, PLEASE INDICATE THE DATE NEEDED AND <u>Submit the single invoice</u> in a batch by itself to be processed.			
To: Tehama County Department of Education			
Subject: District Vendor Warrants			
It is hereby certified that the attached invoices and orders are proper charges against the above school district, that all goods and services described thereon have been received in the quantities indicated, and that no prior claims have been presented for any portion thereof. You are hereby authorized to prepare warrants to the order of the named payees, not to exceed the batch total stated above.			
AUTHORIZING SIGNATURE:		DOV/AL	
DATE OF APPROVAL:			OR AUTHORIZED AGENT (E.C.42632)
SPECIAL INSTRUCTIONS:		COF	USE ONLY:
SI ECIAL INSTRUCTIONS.			OSL CIVET.