

DETAIL WARRANT NUMBER 17 - FUND F - F #1 APR 2014 FOR 04/01/14 - 04/30/14

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
700843	410	DI MATTEI, MICHAEL F 2070.400-40-1453		04/15/14	393.00	
				CHECK TOTAL	393.00	✓
700844	2140	DURKEE, TRACY F 2070.450-40-1453		04/15/14	87.63	
				CHECK TOTAL	87.63	✓
700845	4584	EMPIRE FORCE INC F 2070.400-40-1453		04/15/14 140978	575.00	575.00
				CHECK TOTAL	575.00	✓
700846	4279	EXPEDITIONARY LEARNING F 2070.400-40-1453		04/15/14 141061	2,500.00	2,500.00
				CHECK TOTAL	2,500.00	✓
700847	4172	HARRIS, LISA F 2060.400-40-1440		04/15/14	360.00	
				CHECK TOTAL	360.00	✓
700848	2128	ITHACA COLLEGE F 2060.400-40-1440		04/15/14	1,000.00	
				CHECK TOTAL	1,000.00	✓
700849	800	KEY BANK F 2070.400-40-1453		04/15/14	89.69	
				CHECK TOTAL	89.69	✓
700850	4591	SPENCE, JEFF F 2060.400-40-1440		04/15/14	360.00	
				CHECK TOTAL	360.00	✓
700851	3887	STEVENS, JEANNE F 2070.450-40-1453		04/15/14	73.40	
				CHECK TOTAL	73.40	✓
700852	4605	TULLY CENTRAL SCHOOLS F 2070.400-40-1453		04/15/14 141076	87.50	87.50
				CHECK TOTAL	87.50	✓

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CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
NUMBER OF CHECKS				10		
				WARRANT TOTAL	5,526.22	3,162.50
				VENDOR PORTION	5,526.22	

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have verified the above claims, 10 in number, in the total amount of \$ 5,526.22.
You are hereby authorized and directed to pay to the claimants certified above the amount of each claim allowed and charge each to the proper fund.

4-15-14
DATE

Joanne M. Shell
SIGNATURE

Treasurer
TITLE

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have audited the above claims in the total amount of \$ 5,526.22.
You are hereby authorized and directed to pay to the claimants certified above the amount of each claim allowed and charge each to the proper fund.

5-28-14
DATE

M. Merrieth
AUDITOR'S SIGNATURE

Claims Auditor
TITLE