

**DETAIL WARRANT NUMBER 10 - FUND H - H #1 DEC 2015 FOR 12/01/15 - 12/31/15**

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
600402	4760	CME ASSOCIATES, INC. H 1621.293-30-1401		12/15/15	3,587.87	
<b>CHECK TOTAL</b>					<b>3,587.87</b>	
600403	5041	MULTIVISTA CNY LLC H 1621.293-30-0401		12/15/15 160526	416.22	416.22
<b>CHECK TOTAL</b>					<b>416.22</b>	
600404	5128	NEW YORK STATE DEPT. OF H 2110.246-40-1401		12/15/15	116.15	
<b>CHECK TOTAL</b>					<b>116.15</b>	
600405	1489	SIEMENS INDUSTRY, INC. H 1621.294-30-1401 H 1621.294-30-1401		12/15/15 160202 160202	1,176.00 4,263.00	1,176.00 4,263.00
<b>CHECK TOTAL</b>					<b>5,439.00</b>	
<b>NUMBER OF CHECKS</b>					<b>4</b>	
<b>WARRANT TOTAL</b>					<b>9,559.24</b>	<b>5,855.22</b>
<b>VENDOR PORTION</b>					<b>9,559.24</b>	

**CERTIFICATION OF WARRANT**

To The District Treasurer:

I hereby certify that I have verified the above claims, 4 in number, in the total amount of \$ 9,559.24.

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.

2/2/16

DATE

Michelle Beale

SIGNATURE

Treasurer

TITLE

DETAIL WARRANT NUMBER 10 - FUND H - H #1 DEC 2015 FOR 12/01/15 - 12/31/15

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have audited the above claims in the total amount of \$ 9559.24.

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.

2/2/16  
DATE

M. Meriwether  
AUDITOR'S SIGNATURE

Claims Auditor  
TITLE

Report Completed 10:00 AM