

DETAIL WARRANT NUMBER 11 - FUND H - H #2 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
600406	4959	A-VERDI, LLC H 1621.293-30-1401 H 1621.293-30-1401		12/31/15 151360 151380	258.00 258.00	258.00 258.00
				CHECK TOTAL	516.00	
600407	4704	BILLITIER ELECTRIC, INC H 1621.296-30-1401		12/31/15	122,450.25	
				CHECK TOTAL	122,450.25	
600408	4760	CME ASSOCIATES, INC. H 1621.293-30-1401 H 1621.293-30-1401		12/31/15	775.00 5,004.95	
				CHECK TOTAL	5,779.95	
600409	727	HUNT ENGINEERS, ARCHITECTS PC H 1621.293-30-1401		12/31/15	18,514.05	
				CHECK TOTAL	18,514.05	
600410	4561	LEND LEASE (US) CONST, INC. H 1621.293-10-1401 H 1621.293-20-1401 H 1621.293-30-1401 H 1621.293-50-1401		12/31/15 150163 150163 150163 150163	909.77 978.01 19,082.51 1,501.13	909.77 978.01 19,082.51 1,501.13
				CHECK TOTAL	22,471.42	
600411	5053	SIRACUSA MECHANICAL INC. H 1621.295-30-1401 H 1621.295-30-1401		12/31/15	18,775.23 373,796.50	
				CHECK TOTAL	392,571.73	
600412	1540	STREETER ASSOCIATES INC H 1621.293-30-1401		12/31/15	304,512.05	
				CHECK TOTAL	304,512.05	

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CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
NUMBER OF CHECKS				7		
				WARRANT TOTAL	866,815.45	22,987.42
				VENDOR PORTION	866,815.45	

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have verified the above claims, 7 in number, in the total amount of \$ 866,815.45.
 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 Michelle Beale Treasurer
 DATE SIGNATURE TITLE

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have audited the above claims in the total amount of \$ 866,815.45.
 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 M. M. ... Claims Auditor [Signature]
 DATE AUDITOR'S SIGNATURE TITLE