

## DETAIL WARRANT NUMBER 14 - FUND F - F #1 FEB 2015 FOR 02/01/15 - 02/28/15

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
700917	4494	AMTNY-TREASURER F 2070.400-40-1553		02/13/15 150500	190.00	190.00
				CHECK TOTAL	190.00	
700918	112	BARNES & NOBLE INC F 2110.400-40-1454		02/13/15 150573	101.44	101.44
				CHECK TOTAL	101.44	
700919	3658	GLOBAL COMPLIANCE NETWORK F 2070.450-40-1553		02/13/15 150725	1,400.00	1,400.00
				CHECK TOTAL	1,400.00	
700920	4809	HOLIDAY INN EXPRESS F 2110.460-40-1554		02/13/15 150505	111.00	111.00
		F 2110.460-40-1554		150505	111.00	111.00
		F 2110.460-40-1554		150505	111.00	111.00
		F 2110.460-40-1554		150505	111.00	111.00
		F 2110.460-40-1554		150505	111.00	111.00
		F 2110.460-40-1554		150505	111.00	111.00
				CHECK TOTAL	666.00	
700921	800	KEY BANK F 2110.400-40-1554		02/13/15	<del>222.00</del>	
				CHECK TOTAL	222.00	
700922	2819	NYSMSA F 2070.400-40-1553		02/13/15 150568	300.00	400.00
				CHECK TOTAL	300.00	
700923	1439	SCHOOL SPECIALTY F 2110.450-40-15EF		02/13/15 150727	36.91	43.32
				CHECK TOTAL	36.91	
700924	4653	SYSTEMS MNGMNT PLANNING INC. F 2070.450-40-1553		02/13/15 150694	195.64	195.64
		F 2070.450-40-1553		150694	2,047.18	2,047.18
				CHECK TOTAL	2,242.82	

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CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
NUMBER OF CHECKS				8		
				WARRANT TOTAL	5,159.17	5,043.58
				VENDOR PORTION	5,159.17	

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have verified the above claims, 8 in number, in the total amount of \$ 5,159.17.

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.

2/17/15

DATE

Michelle Reese

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 \$ 5,159.17.

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.

3-25-15

DATE

M. Meredith

AUDITOR'S SIGNATURE

Claims Auditor

TITLE