

## DETAIL WARRANT NUMBER 23 - FUND F - F #2 JUN 2015 FOR 06/01/15 - 06/30/15

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
700973 ✓	2261	BARNES & NOBLE INC ✓ F 2060.450-40-1540		06/30/15 150917	354.90 ✓	389.90
				CHECK TOTAL	354.90	
700974 ✓	4983	BENN CONGER INN & RESTAURANT ✓ F 2060.400-40-1540		06/30/15	400.00 ✓	
				CHECK TOTAL	400.00	
700975 ✓	2140	DURKEE, TRACY ✓ F 2060.460-40-1501		06/30/15	61.18 ✓	
				CHECK TOTAL	61.18	
700976 ✓	4499	HILTON-ALBANY ✓ F 2060.460-40-1501 F 2060.460-40-1502		06/30/15 151292 151292	231.95 231.95	262.61 262.61
				CHECK TOTAL	463.90 ✓	
700977 ✓	4964	NYS COMMUNITY ACTION ASSOC. ✓ F 2110.400-40-1541		06/30/15 151367	500.00 ✓	500.00
				CHECK TOTAL	500.00	
700978 ✓	4927	REDENBACK, COLLEEN ✓ F 2060.460-40-1502		06/30/15	40.63 ✓	
				CHECK TOTAL	40.63	
700979 ✓	1525	STAPLES CONTRACT & COMMERICAL ✓ F 2060.450-40-1540 F 2060.450-40-1540		06/30/15	66.48 60.49	
				CHECK TOTAL	126.97 ✓	
700980 ✓	4392	THOMPSON, NANCY ✓ F 2060.400-40-1540		06/30/15	150.00 ✓	
				CHECK TOTAL	150.00	

DETAIL WARRANT NUMBER 23 - FUND F - F #2 JUN 2015 FOR 06/01/15 - 06/30/15

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
NUMBER OF CHECKS				8		
				WARRANT TOTAL	2,097.58	1,415.12
				VENDOR PORTION	2,097.58	

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 \$ 2097.58.  
 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.

7/1/15                      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 \$ 2097.58.  
 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.

7.24.15                      M. Meredith                      Claims Auditor M  
 DATE                                      AUDITOR'S SIGNATURE                                      TITLE

Report Completed 11:07 AM