

DETAIL WARRANT NUMBER 7 - FUND H - H #1 NOV 2015 FOR 11/01/15 - 11/30/15

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
600393 ✓	4760	CME ASSOCIATES, INC. ✓ H 1621.293-30-1401		11/16/15	762.47	
CHECK TOTAL					762.47 ✓	

NUMBER OF CHECKS 1

WARRANT TOTAL 762.47
VENDOR PORTION 762.47

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have verified the above claims, 1 in number, in the total amount of \$ 762.47.
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.

11/16/15
DATE

Michelle Beale
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 \$ 762.47.
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.

11/16/15
DATE

M. Meriwether
AUDITOR'S SIGNATURE

Claims Auditor
TITLE njk