DETAIL WARRANT NUMBER 8 - FUND H - H #2 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
600394	4959	A-VERDI, LLC H 1621.293-30-1401		11/20/1 3 151360		258.00
		H 1621.293-30-1401		151360 CHECK TOTAL	258.00 516.00	258.00
		NUMBER OF CHECKS		ANT TOTAL OR PORTION	516.00 516.00	516.00

CERTIFICATION OF WARRANT

	To The District Treasurer: I hereby certify that I have verified the above claims,\ in number, in the total amount of \$ 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.						
	11/20/15	Wechelle Beak	Trecodurer				
	DATE	SIGNATURE	TITLE				

CERTIFICATION OF WARRANT

To The District Treasurer: I hereby certify that	I have audited the above claims in the total am	ount of \$ 511p	
	norized and directed to pay to the claimants cer	tified above the amount of each claim allowed and charge	1
1.0.10 DATE	A Meriallo	Claims Auditor	Myle

Report Completed 10:27 AM