

DETAIL WARRANT NUMBER 12 - FUND H - H #1 JAN 2016 FOR 01/01/16 - 01/31/16

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
600413	4760	CME ASSOCIATES, INC. H 1621.293-30-1401		01/15/16	3,540.41	
CHECK TOTAL					3,540.41	

NUMBER OF CHECKS 1

WARRANT TOTAL 3,540.41
VENDOR PORTION 3,540.41

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 \$ 3540.41.
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.

1/15/16 Michelle Reale 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 \$ 3540.41.
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.

3.2.16 M. Merriether Claims Auditor
DATE AUDITOR'S SIGNATURE TITLE