

DETAIL WARRANT NUMBER 19 - FUND H - H #3 - FEBRUARY 2017 FOR 02/01/17 - 02/28/17

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
600550	4760	CME ASSOCIATES, INC. H 2110.246-40-1401 H 2110.246-40-1401		02/17/17	1,775.18 298.87	
CHECK TOTAL					2,074.05	
600551	5041	MULTIVISTA CNY LLC H 1621.293-30-0401 H 1621.293-30-0401 H 1621.293-30-0401 H 1621.293-30-0401 H 1621.293-30-0401		02/17/17	416.26 416.22 416.22 416.22 416.22	
CHECK TOTAL					2,081.14	
NUMBER OF CHECKS		2	WARRANT TOTAL		4,155.19	
					VENDOR PORTION	4,155.19

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have verified the above claims, 2 in number, in the total amount of \$ 4,155.¹⁹.
 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.

3/20/17
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 \$ 4,155.19.
 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.

3.21.17
DATE

M. Mesivether
AUDITOR'S SIGNATURE

Claims Auditor
TITLE