

## DETAIL WARRANT NUMBER 28 - FUND H - H #3 - MAY 2017 FOR 05/01/17 - 05/31/17

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
600575	4704	BILLITIER ELECTRIC, INC H 1621.296-30-1401		05/31/17	5,700.00	
				CHECK TOTAL	5,700.00	
600576	4704	BILLITIER ELECTRIC, INC H 1621.296-30-1401		05/31/17	89,079.60	
				CHECK TOTAL	89,079.60	
600577	5302	DAVIS WALLBRIDGE, INC. H 1621.293-30-1401		05/31/17	80,350.43	
				CHECK TOTAL	80,350.43	
600578	5302	DAVIS WALLBRIDGE, INC. H 1621.293-30-1401		05/31/17	16,358.07	
				CHECK TOTAL	16,358.07	
600579	5324	SENSORY TECHNOLOGIES, LLC H 2110.200-40-1401		05/31/17	39,854.38	
				CHECK TOTAL	39,854.38	
600580	5053	SIRACUSA MECHANICAL INC. H 1621.295-30-1401		05/31/17	34,614.57	
				CHECK TOTAL	34,614.57	
600581	5053	SIRACUSA MECHANICAL INC. H 1621.294-30-1401		05/31/17	126,770.09	
				CHECK TOTAL	126,770.09	
600582	1540	STREETER ASSOCIATES INC H 1621.293-30-1401		05/31/17	438,355.47	
				CHECK TOTAL	438,355.47	
600583	1540	STREETER ASSOCIATES INC H 1621.293-30-1401		05/31/17	544,436.18	
				CHECK TOTAL	544,436.18	

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CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
NUMBER OF CHECKS				9		
WARRANT TOTAL					1,375,518.79	
VENDOR PORTION					1,375,518.79	

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have verified the above claims, 9 in number, in the total amount of \$ 1,375,518.79.  
 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.

6/6/17                      Michelle Reese                      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 \$ 1,375,518.79.  
 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.

6.14.17                      M. Merveth                      Claims Auditor  
 DATE                                      AUDITOR'S SIGNATURE                                      TITLE

Report Completed 3:10 PM