

DETAIL WARRANT NUMBER 10 - FUND A - JULY #5 FOR 07/01/17 - 07/31/17

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
125009	274	CNY COOPERATIVE HEALTH TRUST A 9060.840-40-0000		07/31/17	424,381.04	
					<b>CHECK TOTAL</b>	<b>424,381.04</b>
125010	5399	LIFETIME BENEFIT SOLUTIONS A 9062.842-40-0000		07/31/17	535.40	
					<b>CHECK TOTAL</b>	<b>535.40</b>
<b>NUMBER OF CHECKS</b>				<b>2</b>		
				<b>WARRANT TOTAL</b>	<b>424,916.44</b>	
				<b>VENDOR PORTION</b>	<b>424,916.44</b>	

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 \$ 424,916.44.  
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.

8/3/17  
DATE

Michelle Reals  
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 \$ 424,916.44.  
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.

9.5.17  
DATE

M. Meredith  
AUDITOR'S SIGNATURE

Claims Auditor  
TITLE