

DETAIL WARRANT NUMBER 13 - FUND A - AUGUST #2 FOR 08/01/17 - 08/31/17

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
125028	4617	NYS WORKER'S COMP BOARD A 9040.870-40-0000	WORKMAN'S COMPENSATION	08/03/17	4,802.60	
CHECK TOTAL					4,802.60	
WARRANT TOTAL					4,802.60	
VENDOR PORTION					4,802.60	

NUMBER OF CHECKS 1

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 \$ 4802.60.
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.

9/14/17 [Signature] 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 \$ 4802.60.
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.

9.25.17 [Signature] Claims Auditor
DATE AUDITOR'S SIGNATURE TITLE

Report Completed 8:14 AM

[Handwritten mark]