

DETAIL WARRANT NUMBER 2 - FUND C - C #1 - AUGUST 2017 FOR 08/01/17 - 08/31/17

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
802835	1434	HOMER CENTRAL-FOOD SERVICE C 2860.400-40-0000	CONTRACTUAL EXPENSE	08/28/17 180442	200.00	200.00
<b>CHECK TOTAL</b>					<b>200.00</b>	
<b>WARRANT TOTAL</b>					<b>200.00</b>	<b>200.00</b>
<b>VENDOR PORTION</b>					<b>200.00</b>	

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 \$ 200.00.  
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 \$ 200-.  
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                      M. Merriether                      Claims Auditor  
DATE                                      AUDITOR'S SIGNATURE                                      TITLE