

DETAIL WARRANT NUMBER 6 - FUND F - F #2 OCTOBER 2017 FOR 10/01/17 - 10/31/17

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
701058	5570	CENTER FOR THE ARTS F 2060.450-40-1840	SUPPLIES - TCHR CENTER 17-18	10/16/17	600.00	
<b>CHECK TOTAL</b>					<b>600.00</b>	
701059	1147	OCM BOCES F 2250.150-40-1859	INSTRUCT SALARIES - SMR HNCP 17-18	10/16/17	69,029.83	
<b>CHECK TOTAL</b>					<b>69,029.83</b>	
701060	1525	STAPLES CONTRACT & COMMERCIAL F 2060.450-40-1740	SUPPLIES - TCHR CENTER 16-17	10/16/17 180213	18.49	18.49
		F 2060.450-40-1740	SUPPLIES - TCHR CENTER 16-17	180213	159.99	159.99
		F 2060.450-40-1740	SUPPLIES - TCHR CENTER 16-17	180213	170.19	170.19
		F 2060.450-40-1740	SUPPLIES - TCHR CENTER 16-17	180213	179.98	179.98
		F 2060.450-40-1740	SUPPLIES - TCHR CENTER 16-17	180213	84.39	84.39
		F 2060.450-40-1740	SUPPLIES - TCHR CENTER 16-17	180213	16.99	16.99
		F 2060.450-40-1740	SUPPLIES - TCHR CENTER 16-17	180213	197.85	197.85
		F 2060.450-40-1740	SUPPLIES - TCHR CENTER 16-17	180213	53.48	53.48
		F 2060.450-40-1740	SUPPLIES - TCHR CENTER 16-17	180213	60.99	60.99
		F 2060.450-40-1740	SUPPLIES - TCHR CENTER 16-17	180213	89.99	0.00
		F 2060.450-40-1740	SUPPLIES - TCHR CENTER 16-17	180213	(89.99)	0.00
<b>CHECK TOTAL</b>					<b>942.35</b>	
<b>NUMBER OF CHECKS</b>				<b>3</b>		
<b>WARRANT TOTAL</b>					<b>70,572.18</b>	<b>942.35</b>
<b>VENDOR PORTION</b>					<b>70,572.18</b>	

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have verified the above claims, 3 in number, in the total amount of \$ 70,572.18  
 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.

11/13/17                      [Signature]                      Treasurer  
 DATE                                      SIGNATURE                                      TITLE

DETAIL WARRANT NUMBER 6 - FUND F - F #2 OCTOBER 2017 FOR 10/01/17 - 10/31/17

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have audited the above claims in the total amount of \$ 70,572.18.  
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.

11-16-17      M. Meritt      Claims Auditor      [Signature]  
DATE                      AUDITOR'S SIGNATURE                      TITLE

Report Completed 2:09 PM