

DETAIL WARRANT NUMBER 50 - FUND A - A #1 - DECEMBER 2017 FOR 12/01/17 - 12/31/17

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
125808	274	CNY COOPERATIVE HEALTH TRUST A 9060.840-40-0000	HEALTH INSURANCE	12/05/17	412,202.82	
					CHECK TOTAL	412,202.82
125809	5399	LIFETIME BENEFIT SOLUTIONS A 9062.842-40-0000	VISION INSURANCE	12/05/17	204.60	
					CHECK TOTAL	204.60
NUMBER OF CHECKS					2	
WARRANT TOTAL					412,407.42	
VENDOR PORTION					412,407.42	

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 \$ 412,407.42.
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.

1/4/18
DATE

[Signature]
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 \$ 412,407.42.
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.

1-23-18
DATE

[Signature]
AUDITOR'S SIGNATURE

Claims Auditor
TITLE

[Signature]