

**DETAIL WARRANT NUMBER 58 - FUND A - A #5 - 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
125940	4543	<b>CROMPCO LLC</b> A 1621.400-40-0000	CONTRACTUAL	12/26/17	1,400.00	
		A 1621.400-40-0000	CONTRACTUAL		973.20	
<b>CHECK TOTAL</b>					<b>2,373.20</b>	
125941	640	<b>HARRINGTON BROTHERS MUSIC</b> A 2110.400-30-0022	CONTRACTUAL - HS VOCAL MUSIC	12/26/17	75.00	
<b>CHECK TOTAL</b>					<b>75.00</b>	
125942	5412	<b>SUSEK, HEATHER</b> A 2855.400-40-0066	OFFICIAL	12/26/17	96.80	
<b>CHECK TOTAL</b>					<b>96.80</b>	
125943	1701	<b>VILLAGE OF HOMER</b> A 2810.161-40-0SRO	SCHOOL RESOURCE OFFICER SALARY	12/26/17	32,500.00	
		A 2810.161-40-0SRO	SCHOOL RESOURCE OFFICER SALARY		32,500.00	
<b>CHECK TOTAL</b>					<b>65,000.00</b>	
125944	4130	<b>WB MASON CO INC</b> A 2110.451-10-0038	DUPLICATING - ELEM PRINCIPAL	12/26/17	7,538.40	7,000.00
		A 2110.451-11-0038	DUPLICATING - INT PRINCIPAL	180455	10,051.20	10,000.00
		A 2110.451-20-0038	DUPLICATING - JHS PRINCIPAL	180455	3,758.20	3,758.20
		A 2110.451-20-0038	DUPLICATING - JHS PRINCIPAL	180455	1,091.40	1,091.40
<b>CHECK TOTAL</b>					<b>22,439.20</b>	

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CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
NUMBER OF CHECKS				5		
				WARRANT TOTAL	89,984.20	21,849.60
				VENDOR PORTION	89,984.20	

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have verified the above claims, 5 in number, in the total amount of \$ 89,984.20  
 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                      [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 \$ 89,984.20  
 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                      [Signature]                      Claims Auditor  
 DATE                                      AUDITOR'S SIGNATURE                                      TITLE

Report Completed 9:35 AM