

DETAIL WARRANT NUMBER 12 - FUND C - C #3 - 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
802952	5753	BEST, SHELAIN C 691	DEFERRED REVENUE	12/19/17	8.85	
CHECK TOTAL					8.85	

NUMBER OF CHECKS 1

WARRANT TOTAL 8.85
VENDOR PORTION 8.85

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 \$ 8.85.
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 \$ 8.85.
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

[Signature]