

DETAIL WARRANT NUMBER 9 - FUND F - F #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
701062	5530	DUDGEON LCSW, KAREN F 2060.400-40-1840	CONTRACT SVCS - TCHR CENTER 17-18	12/15/17	375.00	
CHECK TOTAL					375.00	
701063	1525	STAPLES CONTRACT & COMMERCIAL F 2060.450-40-1840	SUPPLIES - TCHR CENTER 17-18	12/15/17 180602	126.19	126.19
CHECK TOTAL					126.19	
NUMBER OF CHECKS 2					WARRANT TOTAL	501.19
					VENDOR PORTION	501.19

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 \$ 501.19.
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 \$ 501.19.
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

[Handwritten mark]