

DETAIL WARRANT NUMBER 80 - FUND A - A #1 - MARCH 2018 FOR 03/01/18 - 03/31/18

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
126347	5778	AMERITAS LIFE INS CORP OF NY A 9061.841-40-0000	DENTAL INSURANCE	03/01/18	15,784.86	
					CHECK TOTAL	15,784.86
126348	274	CNY COOPERATIVE HEALTH TRUST A 9060.840-40-0000	HEALTH INSURANCE	03/01/18	414,903.56	
					CHECK TOTAL	414,903.56
126349	5399	LIFETIME BENEFIT SOLUTIONS A 9062.842-40-0000	VISION INSURANCE	03/01/18	179.74	
					CHECK TOTAL	179.74
NUMBER OF CHECKS				3	WARRANT TOTAL	430,868.16
					VENDOR PORTION	430,868.16

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 \$ 430,868.16
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.

4/14/18 [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 \$ 430,868.16.
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.

4.20.18 [Signature] Claims Auditor [Signature]
DATE AUDITOR'S SIGNATURE TITLE