

**DETAIL WARRANT NUMBER 89 - FUND A - A #7 - 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
126454	5778	AMERITAS LIFE INS CORP OF NY A 9061.841-40-0000	DENTAL INSURANCE	03/29/18	15,440.79	
					<b>CHECK TOTAL</b>	<b>15,440.79</b>
126455	274	CNY COOPERATIVE HEALTH TRUST A 9060.840-40-0000	HEALTH INSURANCE	03/29/18	407,339.70	
					<b>CHECK TOTAL</b>	<b>407,339.70</b>
126456	2320	HILLYARD/NEW YORK A 1621.450-40-0000	SUPPLIES	03/29/18 180047	28.86	28.86
		A 1621.450-40-0000	SUPPLIES	180047	144.30	144.30
		A 1621.450-40-0000	SUPPLIES	180047	2,620.68	2,620.68
		A 1621.450-40-0000	SUPPLIES	180047	284.99	284.99
		A 1621.450-40-0000	SUPPLIES	180047	48.10	48.10
					<b>CHECK TOTAL</b>	<b>3,126.93</b>
126457	5399	LIFETIME BENEFIT SOLUTIONS A 9062.842-40-0000	VISION INSURANCE	03/29/18	179.74	
					<b>CHECK TOTAL</b>	<b>179.74</b>
<b>NUMBER OF CHECKS</b>					<b>4</b>	
					<b>WARRANT TOTAL</b>	<b>426,087.16</b>
					<b>VENDOR PORTION</b>	<b>426,087.16</b>

**CERTIFICATION OF WARRANT**

To The District Treasurer:

I hereby certify that I have verified the above claims, 4 in number, in the total amount of \$ 426,087.16.  
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.

4/4/18  
DATE

[Signature]  
SIGNATURE

Treasurer  
TITLE

[Signature]

[Signature]

DETAIL WARRANT NUMBER 89 - FUND A - A #7 - MARCH 2018 FOR 03/01/18 - 03/31/18

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have audited the above claims in the total amount of \$ 426,087.16.  
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  
DATE

M. Meredith  
AUDITOR'S SIGNATURE

Claims Auditor  
TITLE

Report Completed 10:20 AM