

ALLEGANY-LIMESTONE CSD



Check Warrant Report For F - 5: JANUARY F FUND Cash Disbursement For Dates 1/1/2018 - 1/31/2018

Check #	Check Date	Vendor ID	Vendor Name	Check Description	Invoice Number	PO Number	Check Amount	Liquidated
Account		Account Description						
6741	01/10/2018	1336	KATHY STAMETS					
F002 2110.460-00-0000		TRAVEL EXPENSE		MILEAGE REIMBURSEMENT			222.00	
							Check Total:	222.00
6742	01/10/2018	3447	MOSKOWITZ EDUCATIONAL SERVICES					
F002 2110.400-00-0000		CONTRACTUAL EXP.		DEPOSIT FOR WORKSHOP			1,750.00	
							Check Total:	1,750.00
6743	01/10/2018	3448	CAROLINE J PAINTER					
F002 2110.460-00-0000		TRAVEL EXPENSE		REIMBURSE REGISTRATION			40.00	
							Check Total:	40.00
6744	01/26/2018	230	FIVE STAR CARDMEMBER SERVICES					
F002 2110.400-00-0000		CONTRACTUAL EXP.		MONTHLY BILLING			325.00	
F002 2110.450-00-0000		MATERIALS & SUPPLY		MONTHLY BILLING			756.08	
							Check Total:	1,081.08
6745	01/26/2018	2784	BUFFALO HEARING & SPEECH					
F002 2110.400-00-0000		CONTRACTUAL EXP.		1/17/18			190.00	
							Check Total:	190.00
6746	01/26/2018	3452	LAQUIA JOHNSON					
F002 2110.460-00-0000		TRAVEL EXPENSE		REGISTRATION REIMBURSEMENT			90.00	
F002 2110.460-00-0000		TRAVEL EXPENSE		REGISTRATION REIMBURSEMENT			200.00	
							Check Total:	290.00
6747	01/26/2018	3376	JENNIFER RUMFOLA					
F002 2110.400-00-0000		CONTRACTUAL EXP.		FACILITATOR WORKSHOP			300.00	
							Check Total:	300.00

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Check # Account	Check Date	Vendor ID Account Description	Vendor Name	Check Description	Invoice Number	PO Number	Check Amount	Liquidated
Number of Transactions: 7						Warrant Total:	3,873.08	
						Vendor Portion:	3,873.08	

Certification of Warrant

To The District Treasurer: I hereby certify that I have verified the above claims, 7 in number, in the total amount of \$3,873.08. 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.

Date Signature Title