Waterford-Halfmoon UFSD

Check Warrant Report For F - 6: Special Aid 10/21/2020 For Dates 10/21/2020 - 10/21/2020



5002801 10/21/2020 1252 BOCES W-S-W-H-E F 2253.490-19	Check #	Check Date V	endor ID Vendor Name					
F 2253.490-19	Account				Invoice Number	PO Number	Check Amount	Liquidated
Check Total: 2,434.00			1252 BOCES W-S-W-H-E					
F 2011.400-21 2020-1692 200390 2,950.00 2,950	F 2253.490-19)			144-21F	200499	2,434.00	2,434.00
F 2011.400-21 2020-1692 200390 2,950.00						Check Total:	2,434.00	
Check Total: 2,950.00	5002802	10/21/2020	9024 Handle with Care Beh	avior Mgt				
F 2820.400-21 2850757 200427 635.80 635	F 2011.400-21				2020-1692	200390	2,950.00	2,950.00
To The District Treasurer: I hereby certify that I have verified the above claims, in number, in the total amount of and charge each to the proper fund.						Check Total:	2,950.00	
Number of Transactions: 3 Certification of Warrant To The District Treasurer: I hereby certify that I have verified the above claims, in number, in the total amount of \$ 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.	5002803	10/21/2020	4124 Pro-ed				•	
Number of Transactions: 3 Warrant Total: 6,019.80	F 2820.400-21				2850757	200427	635.80	635.80
Number of Transactions: 3 Vendor Portion: 6,019.80 Certification of Warrant To The District Treasurer: I hereby certify that I have verified the above claims, in number, in the total amount of \$ 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.						Check Total:	635.80	
Certification of Warrant To The District Treasurer: I hereby certify that I have verified the above claims, in number, in the total amount of \$ 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.	Number	of Transactions.	2					
Certification of Warrant To The District Treasurer: I hereby certify that I have verified the above claims, in number, in the total amount of \$ 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.	Number	or rransactions:	3					
To The District Treasurer: I hereby certify that I have verified the above claims, in number, in the total amount of \$ 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.							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
\$ 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.								
\$ 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.		To The Dis	trict Treasurer: I hereby certify th	act I have varified the above elaims	in number	in the total amount of		
		\$	You are hereby autho	ized and directed to pay to the claima	nts certified above the am	nount of each claim allo	wed	
Date Signature Title		and charge	e each to the proper fund.					
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			Date	Signature		litle		

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