

Waterford-Halfmoon UFSD



Check Warrant Report For F - 16: Special Aid Fund-05/05/21 For Dates 5/5/2021 - 5/5/2021

Check #	Check Date	Vendor ID	Vendor Name	Invoice Number	PO Number	Check Amount	Liquidated
Account							
5002822	05/05/2021	1417	Center For Disability Services				
F 2253.472-18				9479255	200751	968.00	968.00
						Check Total:	968.00
						Warrant Total:	968.00
						Vendor Portion:	968.00
Number of Transactions: 1							

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.

Date

Signature

Title