

ALLEGANY-LIMESTONE CSD



Check Warrant Report For F - 5: JANUARY 2019 F FUND Cash Disbursement For Dates 1/1/2019 - 1/31/2019

Check #	Check Date	Vendor ID	Vendor Name	Check Description	Invoice Number	PO Number	Check Amount	Liquidated
Account		Account Description						
6875	01/14/2019	3597	ELIZABETH JOYCE					
F002 2110.460-00-0000		TRAVEL EXPENSE		STIPEND/READING CONF			150.00	
							Check Total:	150.00
6876	01/14/2019	3604	JOANN BROWN					
F002 2110.460-00-0000		TRAVEL EXPENSE		REGIST NYSSMA REIMBURSE			165.00	
							Check Total:	165.00
6877	01/14/2019	3603	BOUNDLESS CONNECTIONS LLC					
F002 2110.400-00-0000		CONTRACTUAL EXP.		2018-00125			375.00	
							Check Total:	375.00
6878	01/25/2019	3472	KIMBERLY J LEWIS					
F002 2110.400-00-0000		CONTRACTUAL EXP.		TEACHING 10/3,10/17,11/7,12/5			450.00	
							Check Total:	450.00
6879	01/25/2019	3596	MARY ANN BALDWIN-NEWARK					
F002 2110.460-00-0000		TRAVEL EXPENSE		STIPEND/READING CONF			150.00	
							Check Total:	150.00
6880	01/25/2019	3479	JESSICA M JORDAN					
F002 2110.400-00-0000		CONTRACTUAL EXP.		DEV ESCAPTE ROOM			500.00	
							Check Total:	500.00
6881	01/25/2019	3483	SHERRY OLROGG					
F002 2110.400-00-0000		CONTRACTUAL EXP.		DEV OF ESCAPE			500.00	
							Check Total:	500.00
6882	01/25/2019	3612	BONITA R BLAIR					
F002 2110.460-00-0000		TRAVEL EXPENSE		PRAXIA CONF REIMBURSEMENT			25.00	
							Check Total:	25.00
6883	01/25/2019	3611	DONNA EWING					
F002 2110.460-00-0000		TRAVEL EXPENSE		WKSP REIMBURSEMENT			120.00	

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							Check Total:	120.00
6884	01/25/2019	2760	MOBYMAX					
F001 2110.400-00-0000		CONTRACTUAL EXP.			135260	190324	249.00	249.00
							Check Total:	249.00
6885	01/25/2019	3615	VOCABULARY SPELLING CITY					
F001 2110.400-00-0000		CONTRACTUAL EXP.			1296196		135.00	
							Check Total:	135.00
							Warrant Total:	2,819.00
							Vendor Portion:	2,819.00

Number of Transactions: 11

Certification of Warrant

To The District Treasurer: I hereby certify that I have verified the above claims, 11 in number, in the total amount of \$2,819.00. 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