

Waterford-Halfmoon UFSD

Check Warrant Report For F - 2: Special Aid 08/26/20 For Dates 8/26/2020 - 8/26/2020



| Check # Account | Check Date | Vendor ID Vendor Name | Invoice Number | PO Number | Check Amount | Liquidated |
|----------------------------------|------------|-------------------------------------|----------------|-----------|------------------------|------------------|
| 5002785 F 2253.472-20 | 08/26/2020 | 8282 Access Therapy Group | 110630 | 200341 | 2,935.00 | 2,935.00 |
| | | | | | Check Total: | 2,935.00 |
| 5002786 F 2253.472-20 | 08/26/2020 | 9767 Expressive Journeys LLC | | 200328 | 2,559.00 | 2,559.00 |
| | | | | | Check Total: | 2,559.00 |
| 5002787 F 2253.472-20 | 08/26/2020 | 2850 Northeast Parent & Child Socie | | 200329 | 9,326.64 | 9,326.64 |
| | | | | | Check Total: | 9,326.64 |
| 5002788 F 2253.472-20 | 08/26/2020 | 9860 Wildwood Programs Inc | 29247 | 200269 | 3,116.00 | 3,116.00 |
| | | | | | Check Total: | 3,116.00 |
| Number of Transactions: 4 | | | | | Warrant Total: | 17,936.64 |
| | | | | | Vendor Portion: | 17,936.64 |

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