



District Warrant Authorization

District Fund No.

District Org No.

District Name

Budget No.	Warrant Amount	Payee To: Purpose:	Vendor Invoice		Vendor No.	<i>For Auditor Use Only</i>	
			Date	No.		Auditor Inv. No.	Warrant No.
		To: Purpose:					
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Warrant Total for This Page

Contact Name

Phone Number

Date

We hereby certify that the foregoing claims constituting this demand were allowed and paid from the proper fund as authorized by resolution of the district governing board. *(Must be signed by a majority of the District Board members as approved during open session.)*

Original Auditor's Office
1st Copy Returned to District after Warrants Are Issued
2nd Copy District Copy

Please print on 3-part NCR paper