

WARRANT REGISTER

District: _____

Board of Directors Meeting on: _____

	Transaction Date	Warrant # From	Warrant # To	Total Amount
Fund No: _____				
Warrants	_____	_____	_____	\$ _____
Fed Tax Wire Transfer	_____			\$ _____
Direct Deposit	_____			\$ _____
Total Payroll:				\$ _____
Fund No: _____				
Warrants	_____	_____	_____	\$ _____
Fund No: _____				
Warrants	_____	_____	_____	\$ _____
Fund No: _____				
Warrants	_____	_____	_____	\$ _____
Fund No: _____				
Warrants	_____	_____	_____	\$ _____

We, the undersigned Board of Directors, of _____, Yakima County, Washington, do hereby certify the merchandise of services have been received and that Yakima County is authorized to pay warrants as specified above, said warrants having been signed by the Secretary of the Board of Directors.

Board of Directors:

Chairman	
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Auditing Officer:

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