



# District Warrant Authorization

\_\_\_\_\_  
District Fund No.

\_\_\_\_\_  
District Org No.

\_\_\_\_\_  
District Name

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

**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  
**1<sup>st</sup> Copy** Returned to District after Warrants Are Issued  
**2<sup>nd</sup> Copy** District Copy

***Please print on 3-part NCR paper***