

A/P Projected Payables Report

Proj. Pay Date	Inv. Date	Inv. Number	Supplier	Description	Amount	G/L Number
8/1/2016	7/14/2016	26664	J. E. Sheehan Contracting Cor	type 6 top	\$14,066.68	051124.03.000.00
8/1/2016	7/13/2016	26659	J. E. Sheehan Contracting Cor	Type 6 top	\$28,303.98	051124.03.000.00
8/1/2016	7/12/2016	26648	J. E. Sheehan Contracting Cor	Type 6 top	\$38,554.01	051124.03.000.00
Sub-Total					\$80,924.67	
8/1/2016	7/12/2016	PAVINGJUL2016	St. Lawrence County Dept Of	Equipment	\$3,381.28	051124.03.000.00
8/1/2016	7/12/2016	PAVINGJUL2016	St. Lawrence County Dept Of	Fringe Benefits	\$2,309.56	051124.03.000.00
8/1/2016	7/12/2016	PAVINGJUL2016	St. Lawrence County Dept Of	OT Hours	\$271.55	051124.03.000.00
8/1/2016	7/12/2016	PAVINGJUL2016	St. Lawrence County Dept Of	Labor	\$4,329.08	051124.03.000.00
Sub-Total					\$10,291.47	
Total					\$91,216.14	

I hereby certify that the vouchers listed on this abstract for this period consisting of these attached pages were audited and allowed in the amounts shown. Authorization is hereby given and direction is made to pay each of the claimants the amount opposite his name.

Authorized Official	Date
Authorized Official	Authorized Official
Authorized Official	Authorized Official
Authorized Official	Authorized Official