Bills Payable-CHS Imprest

10/01/2025 - 10/31/2025

Vendor Name			Check Amount
ARBITERPAY TRUST ACCOUNT,			30,000.00
Invoice Number	**Invoice Description**	**Account Number**	**Amount**
Oct 2025	CHS/CMS/PKMS Athletics Deposit to Pay Officials via Arbiter Pay		
		10 E 002 1500 3190 00 000000 0000	*20,000.00*
		10 E 003 1500 3190 00 000000 0000	*5,000.00*
		10 E 011 1500 3190 00 000000 0000	*5,000.00*

Bills Payable-CHS Imprest

Fund	Total
10 - EDUCATIONAL FUND	30,000.00
	30,000.00