

PAY DATE 1/21/2015

VENDOR #	VENDOR NAME & ADDRESS	F/P	ITEM	DESCRIPTION	ACCOUNT NUMBER	AMOUNT
P.O. #	INVOICE # & INVOICE DATE	TYPE	NO			
EXP 10432	CHADWICKS CENTER CK REQUEST 1/21/2015	B	1	PUR SERVICES DISTRICT T/2 TCH QUAL 10 2210	390 99 165	600.00
				SUB-TOTAL		600.00
EXP 67	COMMISSION FOR THE STUDY OF CK REQUEST 1/21/2015	B	1	PUR SERVICES DISTRICT TITLE 1 10 3000	390 99 160	900.00
				SUB-TOTAL		900.00
EXP 10285	THE CENTER/ IRC CK REQUEST 1/21/2015	B	1	PUR SERVICES DISTRICT T/2 TCH QUAL 10 2210	390 99 165	10,570.00
EXP	CK REQUEST 1/21/2015	B	2	PUR SERVICES ADMIN CENTER CONTRACT 10 2310	390 10 44	1,220.00
				SUB-TOTAL		11,790.00
EDUCATION						13,290.00

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VENDOR # P.O. #	VENDOR NAME & ADDRESS INVOICE # & INVOICE DATE	F/P ITEM TYPE NO	DESCRIPTION	ACCOUNT NUMBER	AMOUNT
			EDUCATION	10	13,290.00
			GRAND TOTAL		13,290.00

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PRESIDENT

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SECRETARY