Trans Date	Invoice/Comment	1099	P O Num / UAAL	Misc # / Vendor	ASN	SE	Account Description / Vendor Name	Amount	Check	ACH #	Ck/ACH Dat
05/16/2016	BONDS2016/BONDS				20280		GF PREPAID INSURANCE	930.00			IN\
				33974			STATE OF MICHIGAN	930.00	16253	0	05/16/201

TOTAL ACH	0.00
TOTAL CHECKS	930.00
TOTAL INVOICES	930.00
TOTAL PREPAIDS	0.00
TOTAL PAYROLL	0.00
GRAND TOTAL	930.00