

VENDOR #	VENDOR NAME & ADDRESS	F/P	ITEM													AMOUNT	
I.D. #	INVOICE # & INVOICE DATE	TYPE	NO	DESCRIPTION		ACCOUNT NUMBER											
5629	LEGACY PROFESSIONALS, LLP																
239370	6/23/2014	B	1	PUR SERVICES	DISTRICT AUDIT	10	2310	319	99	44						1,000.00	
					SUB-TOTAL												1,000.00
8082	NEOFUNDS BY NEOPOST																
790004006148	9/29/2014	B	1	PUR SERVICES	DISTRICT POSTAGE	10	2520	390	99	37						1,500.00	
					SUB-TOTAL												1,500.00
				EDUCATION										2,500.00			

ENDOR #	VENDOR NAME & ADDRESS	F/P	ITEM			
NO. #	INVOICE # & INVOICE DATE	TYPE	NO	DESCRIPTION	ACCOUNT NUMBER	AMOUNT
				SS/MEDICARE		.00

VENDOR #	VENDOR NAME & ADDRESS	F/P	ITEM			
INVOICE #	INVOICE # & INVOICE DATE	TYPE	NO	DESCRIPTION	ACCOUNT NUMBER	AMOUNT
				EDUCATION	10	2,500.00
				GRAND TOTAL		2,500.00

PRESIDENT

SECRETARY