

VENDOR #	VENDOR NAME & ADDRESS		F/P	ITEM											
P.O. #	INVOICE # & INVOICE DATE		TYPE	NO	DESCRIPTION						ACCOUNT NUMBER				AMOUNT
67 COMMISSION FOR THE STUDY OF															
EXP	3262015	3/10/2015	B	1	PUR SERVICES DISTRICT T/2 TCH QUAL	10	2210	390	99	165					1,995.00
EXP	3262015	3/10/2015	B	2	PUR SERVICES DISTRICT TITLE 1	10	3000	390	99	160					4,680.00
SUB-TOTAL														6,675.00	
EDUCATION														6,675.00	

PAY DATE 3/12/2015

< < < PAYABLES PRE-LIST > > >
DISTRICT 152

PAGE 2

VENDOR # P.O. #	VENDOR NAME & ADDRESS INVOICE # & INVOICE DATE	F/P TYPE	ITEM NO	DESCRIPTION	ACCOUNT NUMBER	AMOUNT
				EDUCATION	10	6,675.00
				GRAND TOTAL		6,675.00

PRESIDENT

SECRETARY