South Koochiching-Rainy River Dist. #363

Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 08.01.2025-8/31/2025 Period: 202601-202602 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type	
NHSA	**5338**	**3584**		**Anastasia Molnar**		**Check**	
			E 21 005 298 722 301 401	BSU Volleyball Team Camp Reimbursement		$960.00	
PO#:	**Voucher #:**	**29105**	Invoice	**Invoice No:** Receipt 2439072	**8/18/2025**	**Paid Amt:**	**$960.00**
						Check Amount:	**$960.00**
NHSA	**5339**	**3694**		**LeAnn Bolhuis**		**Check**	
			E 21 005 298 718 301 401	Student Council Prize Rewards		$80.63	
PO#:	**Voucher #:**	**29124**	Invoice	**Invoice No:** 8/22/25 Luekens	**8/28/2025**	**Paid Amt:**	**$80.63**
						Check Amount:	**$80.63**
						Report Total:	**$1,040.63**