Bills Payable-CHS Imprest

01/01/2026 - 01/31/2026

Vendor Name			Check Amount
RAYMOND, DANIEL			80.00
Invoice Number	**Invoice Description**	**Account Number**	**Amount**
Sep 23M	CMS Volleyball Official 9/23/24, 2 Games-cleared voided check		
		10 E 002 1500 3190 00 000000 0000	*80.00*

Bills Payable-CHS Imprest

Fund	Total
10 - EDUCATIONAL FUND	80.00
	80.00