

Trans Date	Invoice/Comment	1 0 P O	9 Num	Misc #	ASN SE	Account Description	Amount	Check ACH #	Ck/ACH	Dat
		9	UAAL	Vendor	Vendor Name					
04/15/2014	041414-1/LICENSE DC390022610				20170	CHILD CARE SUPPLY	100.00			IN
				23892		STATE OF MICHIGAN	100.00	11943		004/15/201

TOTAL ACH	0.00
TOTAL CHECKS	100.00
TOTAL INVOICES	100.00
TOTAL PREPAIDS	0.00
TOTAL PAYROLL	0.00
GRAND TOTAL	100.00