

VENDOR #	VENDOR NAME & ADDRESS	F/P ITEM	DESCRIPTION				ACCOUNT NUMBER	AMOUNT
P.O. #	INVOICE # & INVOICE DATE	TYPE NO						
10100 PC NET SERVICES								
EXP 110259	6/21/2014	B 1	PUR SERVICES DISTRICT OTHER	80	2367	390	99 22	2,200.00
EXP 110270	7/22/2014	B 2	PUR SERVICES DISTRICT OTHER	80	2367	390	99 22	2,200.00
SUB-TOTAL								4,400.00
								4,400.00

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			FUND TOTAL	80	4,400.00
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			GRAND TOTAL		4,400.00
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PRESIDENT

SECRETARY