South Koochiching-Rainy River Dist. #363

Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 7/1/2025-7/31/2025 Period: 202601-202601 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type		
NHSA	**5336**	**3584**		**Anastasia Molnar**		**Check**		
			E 21 005 298 722 301 401	Tournament Meal		$169.55		
PO#:	**Voucher #:**	**29040**	Invoice	**Invoice No:** 6/13 Dominos Receipt	**7/16/2025**	**Paid Amt:**	**$169.55**	
						Check Amount:		**$169.55**
NHSA	**5337**	**3395**		**ISD #363**		**Check**		
			E 21 005 298 721 301 401	State Tournament Expenses		$331.62		
PO#:	**Voucher #:**	**29039**	Invoice	**Invoice No:** June '25 CC	**7/16/2025**	**Paid Amt:**	**$331.62**	
						Check Amount:		**$331.62**
						Report Total:		**$501.17**