Bills Payable-CHS Imprest

08/01/2025 - 08/31/2025

Vendor Name			Check Amount
ARBITERPAY TRUST ACCOUNT,			15,000.00
Invoice Number	**Invoice Description**	**Account Number**	**Amount**
Deposit1	CHS Athletics Initial Deposit to Pay Officials via Arbiter Pay		
		10 E 002 1500 3190 00 000000 0000	*10,000.00*
Deposit2	CMS/PKMS Athletics Initial Deposit to Pay Officials via Arbiter Pay		
		10 E 003 1500 3190 00 000000 0000	*2,500.00*
		10 E 011 1500 3190 00 000000 0000	*2,500.00*
ARBITERSPORTS LLC,			15,000.00
Invoice Number	**Invoice Description**	**Account Number**	**Amount**
Deposit1	CHS Athletics Initial Deposit to Pay Officials via Arbiter Pay		
		10 E 002 1500 3190 00 000000 0000	*10,000.00*
Deposit2	CMS/PKMS Athletics Initial Deposit to Pay Officials via Arbiter Pay		
		10 E 003 1500 3190 00 000000 0000	*2,500.00*
		10 E 011 1500 3190 00 000000 0000	*2,500.00*
ARBITERSPORTS LLC,			-15,000.00
Invoice Number	**Invoice Description**	**Account Number**	**Amount**
Deposit1	CHS Athletics Initial Deposit to Pay Officials via Arbiter Pay		
		10 E 002 1500 3190 00 000000 0000	*-10,000.00*
Deposit2	CMS/PKMS Athletics Initial Deposit to Pay Officials via Arbiter Pay		
		10 E 003 1500 3190 00 000000 0000	*-2,500.00*
		10 E 011 1500 3190 00 000000 0000	*-2,500.00*

Fund	Total
10 - EDUCATIONAL FUND	15,000.00
	15,000.00