

INVOICE NUMBER	ACCOUNT NUMBER	VENDOR	INVOICE DESCRIPTION	CHECK DATE	CHECK NUMBER	AMOUNT	POST MONTH
FORM090320	10R000 1321 0000 00 000000	BAER, ROB	*IMPREST* REFUND TO PARENT FOR CCSD21 SUMMER BRIDGE PROGRAM - REGISTRATION S.B.	09/10/2019	14628	25.00	September
Totals for 14628						25.00	
FORM090319	10R000 1321 0000 00 000000	GIYO, CLARK	*IMPREST* REFUND TO PARENT FOR CCSD21 SUMMER BRIDGE PROGRAM - REGISTRATION R.G.	09/10/2019	14629	25.00	September
Totals for 14629						25.00	
Totals for checks						50.00	

FUND SUMMARY

<u>FUND</u>	<u>DESCRIPTION</u>	<u>BALANCE SHEET</u>	<u>REVENUE</u>	<u>EXPENSE</u>	<u>TOTAL</u>
10	Educational Fund	0.00	50.00	0.00	50.00
***	Fund Summary Totals ***	0.00	50.00	0.00	50.00

***** End of report *****