

<u>INVOICE NUMBER</u>	<u>ACCOUNT NUMBER</u>	<u>VENDOR</u>	<u>INVOICE DESCRIPTION</u>	<u>CHECK DATE</u>	<u>CHECK NUMBER</u>	<u>AMOUNT</u>	<u>POST MONTH</u>
081919	10E095 2210 3330 00 493200	CAMPBELL, CHRISTY	TITLE II PROFESSIONAL DEVELOPMENT TRAVEL EXPENSES FOR C. CAMPBELL - 7/31/19 & 8/1/19 - EDUCLIMBER NATIONAL CONFERENCE	10/01/2019	14630	376.73	October
					Totals for 14630	376.73	
IMPREST092	10E093 2210 6410 00 462000	NSSLA	IMPREST - CONFERENCE REGISTRATION FEE FOR B WEGRZYNOWICZ (10/25/2019)	10/02/2019	14631	225.00	October
					Totals for 14631	225.00	
					Totals for checks	601.73	

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	0.00	601.73	601.73
***	Fund Summary Totals ***	0.00	0.00	601.73	601.73

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