

<u>PO Number</u>	<u>Invoice</u>	<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
<u>Account Number</u>		<u>Description</u>	<u>Amount</u>	
<u>Checking</u>		1		
Checking	1	Fund: 10 Education Fund		
	20200929	LINCOLNWAY AFFILIATION OF PARTICIPATING SCHOOLS	09/29/2020	664.86
10 1110 222		Oct Health Ins Due	664.86	
			Vendor Total:	664.86
			Fund Total:	664.86
			Checking Account Total:	664.86