

Batch Description: Invoices--JULY 2018 BATCH 2

Processing Month: 07/2018

Vendor ID:	Vendor Name:	PO Number:	Invoice Number:	Amount:
100764	CENTRAL LOCK & KEY		105233	9.00
Description:		Invoice Date: 07/11/2018	Due Date: 07/16/2018	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0000 2600 000 0000 680	KEY FOR FILE CABINET		9.00	N Final
101109	CHARLES CITY COMM SCHOOL		20180716	200.00
Description:		Invoice Date: 07/16/2018	Due Date: 07/16/2018	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0000 1000 100 3751 612	IBN EXPENSES		200.00	N Final
707371	FUSION FORWARD		5204	2,200.00
Description:		Invoice Date: 07/09/2018	Due Date: 07/16/2018	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
36 0000 4300 000 0000 320	WEBSITE BUILDING		2,200.00	N Final
100788	IA GIRLS H S ATHLETIC UNION		20180716	750.00
Description:		Invoice Date: 07/02/2018	Due Date: 07/16/2018	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
21 0000 1718 920 6600	REGIONAL SOFTBALL		750.00	N Final
707377	O'DONNELL CRESCO/RICEVILLE INSURANCE		20180716	52,611.00
Description:		Invoice Date: 06/27/2018	Due Date: 07/16/2018	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
22 0000 2600 000 0000 529	EXCESS LIABILKITY		585.00	N Final
22 0000 2600 000 0000 529	CRIME		558.00	N Final
22 0000 2600 000 0000 524	GENERAL LIABILITY		2,348.00	N Final
22 0000 2600 000 0000 524	PROPERTY		19,622.00	N Final
22 0000 2700 000 0000 522	COMMRECIAL INS		7,426.00	N Final
22 0000 2600 000 0000 529	UMBRELLA, POLLUTION, CYBER, LINEBACKER		7,704.00	N Final
22 0000 2700 000 0000 260	WC-BUS		2,154.23	N Final
22 0000 3110 000 0000 260	WC-FS		1,824.45	N Final
22 0000 1000 100 0000 260	WC-TEACHERS		8,266.75	N Final
22 0000 2120 000 0000 260	WC-COUNSLOR		143.68	N Final
22 0000 2222 000 0000 260	WC-LIB		143.68	N Final
22 0000 2321 000 0000 260	WC-SUPERINTENDENT		243.68	N Final
22 0000 2410 000 0000 260	WC-OFFICE		674.72	N Final
22 0000 2600 000 0000 260	WC-MAINTENANCE		574.76	N Final

22 0000 2510 000 0000 260 WC-ADMIN 342.05 N Final

Vendor ID: 100025 **QUILL CORPORATION** **PO Number:** **Invoice Number: 8386617** **Amount: 40.44**
 Description: Invoice Date: 07/09/2018 Due Date: 07/16/2018 Status: A 1099 Amount: 0.00
 Sequence: 1 Check Type: Checking Account ID: Check Number: Check Date:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 10 0000 2310 000 0000 611 DESK CALENDAR & ENVELOPES 40.44 N Final

Vendor ID: 100004 **TRUE VALUE** **PO Number:** **Invoice Number: A139936** **Amount: 57.98**
 Description: Invoice Date: 07/16/2018 Due Date: 07/16/2018 Status: A 1099 Amount: 0.00
 Sequence: 1 Check Type: Checking Account ID: Check Number: Check Date:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 10 0000 2600 000 0000 680 PAINT 57.98 N Final

Vendor ID: 100004 **TRUE VALUE** **PO Number:** **Invoice Number: B134488** **Amount: 37.14**
 Description: Invoice Date: 07/16/2018 Due Date: 07/16/2018 Status: A 1099 Amount: 0.00
 Sequence: 1 Check Type: Checking Account ID: Check Number: Check Date:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 10 0000 2600 000 0000 680 PAINT 37.14 N Final

Vendor ID: 100004 **TRUE VALUE** **PO Number:** **Invoice Number: B134506** **Amount: 12.98**
 Description: Invoice Date: 07/16/2018 Due Date: 07/16/2018 Status: A 1099 Amount: 0.00
 Sequence: 1 Check Type: Checking Account ID: Check Number: Check Date:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 10 0000 2600 000 0000 680 PAINT 12.98 N Final

Batch 1099 Total:	0.00	Batch Total:	55,918.54
Report 1099 Total:	0.00	Report Total:	55,918.54

Invoice Listing - Detail
Unposted; Batch Description Invoices--EOFY JUNE 2018 BATCH 2

Batch Description: Invoices--EOFY JUNE 2018 BATCH 2

Processing Month: 06/2018

Vendor ID: 706967	CAM COMMUNITY SCHOOL DISTRICT	PO Number:	Invoice Number: 20180716	Amount:	487.42
Description:		Invoice Date: 06/25/2018	Due Date: 07/16/2018	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 1100 100 0000 567	OPEN ENROLLMENT		487.42		N
					In Full
					Final
Vendor ID: 707368	DOLLAR GENERAL CORPORATION	PO Number:	Invoice Number: 20180716	Amount:	8.98
Description:		Invoice Date: 07/16/2018	Due Date: 07/16/2018	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 680	CUSTODIAL SUPPLIES		8.98		N
					In Full
					Final
Vendor ID: 101443	MITCHELL CO REGNAL HEALTH CTR	PO Number:	Invoice Number: 20180716	Amount:	30.00
Description:		Invoice Date: 05/23/2018	Due Date: 07/16/2018	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2700 000 0000 346	DRUG TESTING		30.00		N
					In Full
					Final
Vendor ID: 103930	NORTHEAST IOWA COMM ACTION	PO Number:	Invoice Number: 20180716	Amount:	215.00
Description:		Invoice Date: 06/30/2018	Due Date: 07/16/2018	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2700 214 3302 172	SP ED TRSANSIT		215.00		N
					In Full
					Final
			Batch 1099 Total:	0.00	Batch Total: 741.40
			Report 1099 Total:	0.00	Report Total: 741.40