Batch Description: Invoices--JULY 2018 BATCH 2 Processing Month: 07/2018

Vendor ID: 100764 **CENTRAL LOCK & KEY** **PO Number:** **Invoice Number: 105233** **Amount: 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:

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	KEY FOR FILE CABINET		9.00		N	Final

Vendor ID: 101109 **CHARLES CITY COMM SCHOOL** **PO Number:** **Invoice Number: 20180716** **Amount: 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:

Chart of Account Number	Detail Description	Cost Center ID	Detail Amount	1099 Detail Amount	Asset/Asset Tag	In Full
10 0000 1000 100 3751 612	IBN EXPENSES		200.00		N	Final

Vendor ID: 707371 **FUSION FORWARD** **PO Number:** **Invoice Number: 5204** **Amount: 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:

Chart of Account Number	Detail Description	Cost Center ID	Detail Amount	1099 Detail Amount	Asset/Asset Tag	In Full
36 0000 4300 000 0000 320	WEBSITE BUILDING		2,200.00		N	Final

Vendor ID: 100788 **IA GIRLS H S ATHLETIC UNION** **PO Number:** **Invoice Number: 20180716** **Amount: 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:

Chart of Account Number	Detail Description	Cost Center ID	Detail Amount	1099 Detail Amount	Asset/Asset Tag	In Full
21 0000 1718 920 6600	REGIONAL SOFTBALL		750.00		N	Final

Vendor ID: 707377 **O'DONNELL CRESCO/RICEVILLE INSURANCE** **PO Number:** **Invoice Number: 20180716** **Amount: 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:

Chart of Account Number	Detail Description	Cost Center ID	Detail Amount	1099 Detail Amount	Asset/Asset Tag	In Full
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

Batch Description: Invoices--EOFY JUNE 2018 BATCH 2 Processing Month: 06/2018

Vendor ID: 706967 **CAM COMMUNITY SCHOOL DISTRICT**
Description:
Sequence: 1 Check Type: Checking Account ID:

Chart of Account Number	Detail Description
10 0000 1100 100 0000 567	OPEN ENROLLMENT

PO Number: **Invoice Number: 20180716** **Amount: 487.42**
Invoice Date: 06/25/2018 Due Date: 07/16/2018 Status: A 1099 Amount: 0.00
Check Number: Check Date:

Cost Center ID	Detail Amount	1099 Detail Amount	Asset/Asset Tag	In Full
	487.42		N	Final

Vendor ID: 707368 **DOLLAR GENERAL CORPORATION**
Description:
Sequence: 1 Check Type: Checking Account ID:

Chart of Account Number	Detail Description
10 0000 2600 000 0000 680	CUSTODIAL SUPPLIES

PO Number: **Invoice Number: 20180716** **Amount: 8.98**
Invoice Date: 07/16/2018 Due Date: 07/16/2018 Status: A 1099 Amount: 0.00
Check Number: Check Date:

Cost Center ID	Detail Amount	1099 Detail Amount	Asset/Asset Tag	In Full
	8.98		N	Final

Vendor ID: 101443 **MITCHELL CO REGNAL HEALTH CTR**
Description:
Sequence: 1 Check Type: Checking Account ID:

Chart of Account Number	Detail Description
10 0000 2700 000 0000 346	DRUG TESTING

PO Number: **Invoice Number: 20180716** **Amount: 30.00**
Invoice Date: 05/23/2018 Due Date: 07/16/2018 Status: A 1099 Amount: 0.00
Check Number: Check Date:

Cost Center ID	Detail Amount	1099 Detail Amount	Asset/Asset Tag	In Full
	30.00		N	Final

Vendor ID: 103930 **NORTHEAST IOWA COMM ACTION**
Description:
Sequence: 1 Check Type: Checking Account ID:

Chart of Account Number	Detail Description
10 0000 2700 214 3302 172	SP ED TRSANSIT

PO Number: **Invoice Number: 20180716** **Amount: 215.00**
Invoice Date: 06/30/2018 Due Date: 07/16/2018 Status: A 1099 Amount: 0.00
Check Number: Check Date:

Cost Center ID	Detail Amount	1099 Detail Amount	Asset/Asset Tag	In Full
	215.00		N	Final

Batch 1099 Total: 0.00 Batch Total: 741.40

Report 1099 Total: 0.00 Report Total: 741.40