

Date: \_\_\_\_\_

Vendor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Line Item</b>	<b>Description</b>	<b>Amount</b>
212	Inventory items over \$50	_____
223	Food	_____
229	Other Operating Supplies	_____
356	Consultant's Services	_____
373	Meals, Lodging, & Travel	_____
381	Schooling-Tuition	_____

Submitted by: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_