

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

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

<b>Line Item</b>	<b>Description</b>	<b>Amount</b>
211	Office Stationery & Forms	_____
212	Inventory items over \$50	_____
229	Other Operating Supplies	_____
232	Medical Ancillaries	_____
240	Medical Supplies	_____
242	General Account Pharmacy	_____
247	Medicare Acct. Oxygen	_____
248	Medicare Acct.-Pharmacy	_____
249	Medicare Acct.-Physical Therapy	_____
250	Medicare Acct.-Speech U	_____
251	Medicare Acct.-Occupational Therapy	_____
252	Lab & Xray	_____
258	Consult Fees-Medical Direct	_____
259	Consult Fees-Medical Review	_____
260	Consult Fees-Phcy	_____
357	Other Professional Services	_____
373	Meals, Lodging, & Travel	_____
380	Training Services	_____
381	Schooling-Tuition	_____
398	Contract Services	_____
399	Contingency Fund	_____
531	Lease	_____

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

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