

Date: _____

Vendor: _____
Address: _____

Line Item	Description	Amount
212	Inventory items over \$50	_____
229	Other Operating Supplies	_____
305	Bed Tax	_____
311	Postage, Box Rent	_____
326	Advertising/Marketing	_____
330	Publications, Subscrip, Dues	_____
345	Telephone	_____
353	Accounting/Auditing	_____
357	Other Professional Services	_____
373	Meals, Lodging, & Travel	_____
381	Schooling-Tuition	_____
399	Contingency Fund	_____

Submitted by: _____ Total Amount: _____

Detail: _____

