

1000 - 410131 Safety Committee

Date: _____

Vendor: _____
Address: _____

Line Item	Description	Amount
212	Inventory items over \$50	_____
229	Other Operating Supplies Gasl,	_____
231	Diesel Fuel Etc.	_____
320	Printing, Duplicating, Publishing	_____
345	Meals, Lodging, & Travel	_____
345	Telephone	_____
357	Other Professional Services	_____
373	Meals, Lodging, & Travel	_____
399	Contingency Fund	_____

Submitted by: _____ Total Amount: _____

Detail: