

1000 - 420230 Care or Custody of Prisoners

Date: _____

Vendor: _____
Address: _____

Line Item	Description	Amount
212	Inventory items over \$50	_____
222	Chemical, Laboratory Supplies	_____
229	Other Operating Supplies	_____
351	Medical/Dental/Hospital Services	_____
392	Boarding Prisoners	_____
399	Contingency Fund	_____
519	Insurance	_____

Submitted by: _____ Total Amount: _____

Detail: _____

