

1000 - 440140 Sanitarian

Date: _____

Vendor: _____
Address: _____

Line Item	Description	Amount
211	Office Stationery & Forms	_____
212	Inventory items over \$50	_____
214	Other Office Supplies	_____
226	Clothing & Uniforms	_____
231	Gasl, Diesel Fuel Etc.	_____
239	Tires and Tubes, Etc.	_____
330	Publications, Subscrip, Dues	_____
345	Telephone	_____
362	Other Machinery Repair &Maintenance	_____
363	Machine Maintenance	_____
373	Meals, Lodging, & Travel	_____
380	Training Services	_____
398	Contract Services	_____
947	Vehicles And Equipment	_____

Submitted By: _____ Total Amount: _____

Detail: