

1000 - 440420 Mental Health Services

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

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

<b>Line Item</b>	<b>Description</b>	<b>Amount</b>
229	Other Operating Supplies	_____
320	Printing, Duplicating, Publishing	_____
330	Publications, Subscrip, Dues	_____
373	Meals, Lodging, & Travel	_____
380	Training Services	_____
397	Contract Payments	_____

Submitted By: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Detail: