

EXPENDITURE REPORT(summary)

Period: Mar

Year: 2021-2022

Date	Invoice No.	PO Number	Vendor	Invoice Description	Check No	Exp. Amount	Month
3/15/2022	VEN-PAY-1,528		UNITED HEALTHCARE SERVICES INC	Payroll Dated : 03/15/22	ACH000104	334.36	3
3/15/2022	VEN-PAY-1,529		UNITED HEALTHCARE SERVICES INC	Payroll Dated : 03/15/22	ACH000104	46.04	3
3/15/2022	VEN-PAY-1,530		Principal Life Insurance Company	Payroll Dated : 03/15/22	028268	37.65	3
3/15/2022	VEN-PAY-1,531		Principal Life Insurance Company	Payroll Dated : 03/15/22	028268	0.81	3
3/15/2022	VEN-PAY-1,532		Principal Life Insurance Company	Payroll Dated : 03/15/22	028268	67.48	3
3/15/2022	VEN-PAY-1,533		Principal Life Insurance Company	Payroll Dated : 03/15/22	028268	24.87	3
Accounts Payable Expense Total :						1,236,566.01	
Payroll Expense Total :						445,343.41	
Total Invoices :		799				Grand Total:	1,681,909.42

Rebates\ Refunds

DATE	NUMBER	Trans Month	Club	Entry Total
FUND	TRANSACTION DESCRIPTION	ACCOUNT CODE		TRAN AMT
		ACCOUNT DESCRITION		

Entry Total :

Total For Date :

TOTAL NUMBER:

Grand Total :

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Date	Invoice No.	PO Number	Vendor	Invoice Description	Check No	Exp. Amount	Month
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Bank Fees

DATE	NUMBER	TRANSACTION DESCRIPTION	Trans Month ACCOUNT CODE ACCOUNT DESCRPTION	Club	Entry Total TRAN AMT
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Entry Total :

Total For Date :

TOTAL NUMBER:

Grand Total :

NOTE: A Combined Grand Total is not available at this time. Please calculate: Combined Grand Total = Total Expenses - Rebates + Bank Fees