

CHECK

VENDOR NO. **3265**

VENDOR NAME:

Capital One Credit Card

CONTROL NO. _____

CHECK DATE **05/27/2021**

SEQ NO.	DESCRIPTION	AMOUNT	FUND	DEPT	SUB
1	Zoom Monthly Charge	\$32.19	101	4080	1158
2	Mat Tape, Use of Force	\$257.69	101	4110	1360
3	Email Address	\$383.76	101	4120	1158
4	Meal for regional meeting	\$208.16	101	4120	1190
5	Knox Box	\$4,616.00	101	4120	1340
6	Training	\$720.00	101	4554	1189
7	Gift card from Pizza Barn	\$20.00	242	2420	3947
8	Herbicide for reeds	\$112.47	702	7020	1392
9	Training	\$245.98	702	7020	1189
10	HIBU	\$298.99	703	7030	1102
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
TOTAL AMOUNT					\$6,895.24

Invoice #	Fund	Dept	Account	Price	
		101	4080	1158	\$32.19
		101	4110	1360	\$257.69
		101	4120	1158	\$383.76
		101	4120	1190	\$208.16
		101	4120	1340	\$4,616.00
		101	4554	1189	\$720.00
		242	2420	3947	\$20.00
		702	7020	1392	\$112.47
		702	7020	1189	\$245.98
		703	7030	1102	\$298.99
					\$6,895.24