

Report Criteria:

Report type: GL detail

Check.Type = {<>} "Adjustment"

Bank.Bank account = "153600524968"

GL Period	Check Issue Date	Check Number	Payee	Description	Invoice Number	Invoice GL Account	Invoice Amount	Check Amount
<b>161640</b>								
05/25	05/08/2025	161640	St Helens Adult Softball	CJC-Softball Registration Cost for	EXP REIM-S	208-412.51-490.00-508-30	750.00	750.00
Total 161640:								750.00
Grand Totals:								750.00

Summary by General Ledger Account Number

GL Account	Debit	Credit	Proof
208-000.00-200.00-000-00	.00	750.00-	750.00-
208-412.51-490.00-508-30	750.00	.00	750.00
Grand Totals:	750.00	750.00-	.00

Dated: \_\_\_\_\_

Chair: \_\_\_\_\_

Commissioner: \_\_\_\_\_

Commissioner: \_\_\_\_\_