



Check # 003333167	Claim No.	Vendor No: 41548
Check Date 08-12-2008	Vendor	Payment Type: C
Check Amount 146.40	Address	Void Flag:
Void Period	P. O. BOX 6292	Batch No: 2942
Void Date	CAROL STREAM IL 601 976292	

Date Cleared Bank 08-19-2008

Invoice No	PO No	Quantity	Description	Claim No	1099 Flag	Unit Price	Payment Amount
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6051521322	607356	0	1000308308	01065237	N/A		146.40
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**Total 146.40**

Account No	Cash Account No	Amount Paid	Amount Liq
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8-1281-412-00-080-010-8-640	DA STATE SUPPLEMEI 8-1281-101-00-000-000-0-000	146.40	146.40
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