

Account		Description				First	Rcvd	Chk/Void	PO		
P.O.	Id	Item	Vendor	Item Description	Amount	Stat/Chk	Enc Date	Date	Date	Invoice	Type
Total Charged Lines: 0 Total List Amount: 0.00 Total Void Amount: 0.00											

Totals by Year-Fund		
Fund Description	Fund	Budget Total
Total of All Funds:		0.00