

Report

Office

Name _____

For Office Use Only:

from 2024 to 2025

TOTAL CASH-ON-HAND \$ 59.90

Date	Purpose	Amount
09/27/2024	Melissa Field school board dist 196	200.00
	TOTAL	200.00

<i>Date</i>	<i>Purpose</i>	<i>Name and Address of Recipient</i>	<i>Expenditure or Contribution Amount</i>
		TOTAL	

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Address