

AP466

Pre-Check Writing Report

For all A.P. GL Code  
 For all Holdback GL Code  
 Currency: LOCAL  
 Take all discounts: N  
 Report Sequence by Name: Y  
 Clear Invoices that net to zero: N  
 Direct Deposits Only: N  
 E-Paybles Only : N

Supplier Code	Supplier Name	Invoice Type	Invoice Number	Batch	Invoice Date	Due Date	Discount Date	Invoice Amount	Discount To be taken	Net To be paid
00921	DEPARTMENT OF HEALTH									
	INVOICE 3-2013 AP									
			84518	03/18/13	03/18/13			87.00	.00	87.00
	Fund 667 WATER DISTRICT #4							87.00		
		Check	:	1	Supplier	Total:		87.00	.00	87.00
Chc Regular To Issue	1	Check	:	1	Fund / Sub Fund			87.00	.00	87.00
Direct Dep. To Issue	0	Check	:	0	Fund / Sub Fund			.00	.00	.00
Total Payments	1	Check	:	1	Fund / Sub Fund			87.00	.00	87.00

Note: more Check may be required due to voids or multiple addresses per Supplier

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Invoice Expense Fund Distribution Summary

Fund 667 WATER DISTRICT #4 87.00

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Total Invoice Expense Distribution: 87.00