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: $\ensuremath{\mathtt{N}}$

Direct Deposits Only: N E-Paybles Only: N Check Only: N EDI Only: N Comm. Card Only: N

Supplier	Supplier									
Code Name / Address										
		Invoice		Invo	ice	Due	Discount	Invoice	Discount	Net
	Type	Number	Batch	Date		Date	Date	Amount	To be taken	To be paid
00646 A-1 PETROLEUM										
	FAR WEST CAPITAL									
	POST OFFICE BOX 29328									
	AUSTIN TX 78755									
INVOICE ACCT0001720										
			103867	08/3	1/16	09/16/16		1,440.32	.00	1,440.32
Fund 631 CASCADE IRRIGATION DISTRICT 1,440.32										
			Check	:	1	Supplier	Total:	1,440.32	.00	1,440.32
04691 HEALTH CARE AUTHORITY										
	CID									
	INVOICE	ACCT#937								
			103867	08/3	1/16	09/16/16		3,543.85	.00	3,543.85
Fund 631 CASCADE IRRIGATION DISTRICT 3,543							3,543.85			
			Check	:	1	Supplier	Total:	3,543.85	.00	3,543.85
Chc Regular To Issue 2			Check	:	2		/ Sub Fund	4,984.17	.00	4,984.17
	ep. To Issue		Check	:	0		/ Sub Fund	.00	.00	.00
Total Payments 2		2	Check	:	2	Fund	/ Sub Fund	4,984.17	.00	4,984.17

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

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Clear Invoices that net to zero: $\ensuremath{\mathtt{N}}$

Direct Deposits Only: N E-Paybles Only: N Check Only: N EDI Only: N Comm. Card Only: N

Invoice Expense Fund Distribution Summary

Fund 631 CASCADE IRRIGATION DISTRICT 4,984.17

Total Invoice Expense Distribution: 4,984.17