For Date Posted = 07/23/26
* ... Over spent expenditure

Claim/ Invoice	Check	Vendor #/Name/ #/Inv Date/Description	Document $/ Line $	Disc $	PO #	Fund	Org	Acct	Object	Proj	Cash Account
7218		787 Raquel Hoe-Pedro	200.00								
Two Day Skateboard Clinic July 23 & July 24th, 2026											
2	07/23/26	Skateboard Clinic	200.00			1	41600		637		10102
		Total for Vendor:	**200.00**								
		# of Claims 1	**Total:**	**200.00**	**# of Vendors 1**						