







\* ... Over spent expenditure

Claim/	Check	Invoice #/Name/ Vendor #/Inv Date/Description	Document \$/ Line \$	Disc \$	PO #	Fund	Org	Acct	Object	Proj	Cash Account
5325	E	617 ZIPLY FIBER	241.20								
		City Shop & Sewer Internet / Phone									
		06/07/22 Phone/Internet - Water	120.60			60		43320	308		10102
		06/07/22 Phone/Internet - Sewer	120.60			65		43220	308		10102
		<b>Total for Vendor:</b>	<b>241.20</b>								
		<b># of Claims</b>	<b>15</b>								
		<b>Total Electronic Claims</b>		<b>6,757.39</b>							
		<b>Total Non-Electronic Claims</b>		<b>4,085.64</b>							
				<b>2671.75</b>							