Payment Register

Rochelle, IL

APPKT04818 - Exception Check Run Per J.F 10/28/25

01 - Vendor Set 01

Bank: Allocated Cash - Allocated Cash

Vendor Number	Vendor Name						Total Vendor Amount
03783	HAYES, BIL						60.00
Payment Type	**Payment Number**				**Payment Date**	**Payment Amount**	
Check	218475				10/28/2025	60.00	
Payable Number		**Description**	**Payable Date**	**Due Date**	**Discount Amount**	**Payable Amount**	
09/18/25		Parking Reimbursement - IML	09/18/2025	09/18/2025	0.00	60.00	

Payment Summary

Bank Code	Type		Payable Count	Payment Count	Discount	Payment
Allocated Cash	Check		1	1	0.00	60.00
		Packet Totals:	**1**	**1**	**0.00**	**60.00**

Cash Fund Summary

Fund	Name		Amount
91	Cash Allocation		-60.00
		Packet Totals:	**-60.00**