

Totals by Year-Fund Fund Description	Fund	Budget Rcvd	Budget Held	Budget Total	Revenue Total	G/L Total	Total
CURRENT FUND	8-01	63,997.72	0.00	63,997.72	0.00	0.00	63,997.72
CURRENT FUND	9-01	1,527,346.64	0.00	1,527,346.64	0.00	0.00	1,527,346.64
CAPITAL FUND	C-04	551,626.84	0.00	551,626.84	0.00	0.00	551,626.84
GRANT FUND	G-02	645,677.48	0.00	645,677.48	0.00	0.00	645,677.48
CUSTODIAN TRUST	T-17	7,699.92	0.00	7,699.92	0.00	0.00	7,699.92
SATA TRUST	T-81	1,232.28	0.00	1,232.28	0.00	0.00	1,232.28
TAX APPEAL TRUST	T-82	72.00	0.00	72.00	0.00	0.00	72.00
WTS & MEAS TRUST	T-83	1,145.00	0.00	1,145.00	0.00	0.00	1,145.00
SHERIFF TRUST	T-87	2,071.05	0.00	2,071.05	0.00	0.00	2,071.05
CLETA TRUST	T-88	3,050.70	0.00	3,050.70	0.00	0.00	3,050.70
CO CLERK TRUST	T-92	875.21	0.00	875.21	0.00	0.00	875.21
AGENCY TRUST	T-98	158.00	0.00	158.00	0.00	0.00	158.00
Year Total:		16,304.16	0.00	16,304.16	0.00	0.00	16,304.16
Total of All Funds:		2,804,952.84	0.00	2,804,952.84	0.00	0.00	2,804,952.84

P.O. Type: All
Range: 01824 to 01824
Format: Detail without Line Item Notes

Open: N Paid: N Void: N
Rcvd: Y Held: Y Aprv: N
Bid: Y State: Y Other: Y Exempt: Y

Vendor # Name	PO #	PO Date	Description	Contract	PO Type	Stat/Chk	First Enc Date	Rcvd Date	Chk/Void Date	Invoice	1099 Excl	
01824 AMERIHEALTH ADMINISTRATORS *~												
19-01685 06/03/19 MEDICAL COVERAGE FOR INMATES												
	1		MEDICAL COVERAGE FOR INMATES	0.00	9-01-25-280-700-218	B	INMATE MEDICAL/MISC	R	06/03/19	07/12/19	APRIL	N
	2		MALES	1,483.57	9-01-25-280-700-218	B	INMATE MEDICAL/MISC	R	06/03/19	07/12/19	APRIL	N
	3		FEMALES	3,385.92	9-01-25-280-700-218	B	INMATE MEDICAL/MISC	R	06/03/19	07/12/19	APRIL	N
	4		ADMIN. FEES	2,029.50	9-01-25-280-700-218	B	INMATE MEDICAL/MISC	R	06/03/19	07/12/19	APRIL	N
				6,898.99								
19-01927 06/19/19 MEDICAL COVERAGE - MAY												
	1		MEDICAL COVERAGE - MAY	0.00	9-01-25-280-700-218	B	INMATE MEDICAL/MISC	R	06/19/19	07/12/19	MAY 2019	N
	2		MALES	13,885.30	9-01-25-280-700-218	B	INMATE MEDICAL/MISC	R	06/19/19	07/12/19	MAY 2019	N
	3		FEMALES	0.00	9-01-25-280-700-218	B	INMATE MEDICAL/MISC	R	06/19/19	07/12/19	MAY 2019	N
	4		ADMIN FEES	3,242.25	9-01-25-280-700-218	B	INMATE MEDICAL/MISC	R	06/19/19	07/12/19	MAY 2019	N
				17,127.55								
Vendor Total:				24,026.54								

Total Purchase Orders: 2 Total P.O. Line Items: 8 Total List Amount: 24,026.54 Total Void Amount: 0.00

Totals by Year-Fund Fund Description	Fund	Budget Rcvd	Budget Held	Budget Total	Revenue Total	G/L Total	Total
CURRENT FUND	9-01	24,026.54	0.00	24,026.54	0.00	0.00	24,026.54
Total of All Funds:		<u>24,026.54</u>	<u>0.00</u>	<u>24,026.54</u>	<u>0.00</u>	<u>0.00</u>	<u>24,026.54</u>

July 12, 2019
02:41 PM

SALEM COUNTY
Bill List By P.O. Number

P.O. Type: All
Range: 19-01841 to 19-01841
Format: Detail without Line Item Notes

Open: N Paid: N Void: N
Rcvd: Y Held: Y Aprv: N
Bid: Y State: Y Other: Y Exempt: Y

PO #	PO Date	Vendor	Amount	Charge Account	Contract Acct	PO Type Description	Stat/Chk	First Enc Date	Rcvd Date	Chk/Void Date	Invoice
19-01841	06/12/19	01925									
	2 JULY	AETNA INSURANCE CO.	21,330.19	*~ 9-01-23-220-135-218		B B GRP INS DENTAL/MISC	R	06/12/19	07/12/19		
Total Purchase Orders:		1	Total P.O. Line Items:		1	Total List Amount:	21,330.19	Total Void Amount:	0.00		

Totals by Year-Fund Fund Description	Fund	Budget Rcvd	Budget Held	Budget Total	Revenue Total	G/L Total	Total
CURRENT FUND	9-01	21,330.19	0.00	21,330.19	0.00	0.00	21,330.19
Total of All Funds:		<u>21,330.19</u>	<u>0.00</u>	<u>21,330.19</u>	<u>0.00</u>	<u>0.00</u>	<u>21,330.19</u>

P.O. Type: All
Range: 13093 to 13093
Format: Detail without Line Item Notes

Open: N Paid: N Void: N
Rcvd: Y Held: Y Aprv: N
Bid: Y State: Y Other: Y Exempt: Y

Vendor # Name	PO #	PO Date	Description	Contract	PO Type	Amount	Charge Account	Acct Type Description	Stat/Chk	First Enc Date	Rcvd Date	Chk/Void Date	Invoice	1099 Excl
13093 MEDCO HEALTH SOLUTIONS INC ~ *														
19-01738 06/07/19 5/25-5/31/19 PHARMACY														
	1	5/25-5/31/19	PHARMACY COUNTY	50,040.36	9-01-23-220-134-218			B GROUP INS HOSPITALIZATION	R	06/07/19	07/12/19		36366171C	N
	2	5/25-5/31/19	PHARMACY SCIA ACT	1,236.08	9-01-23-220-134-218			B GROUP INS HOSPITALIZATION	R	06/07/19	07/12/19		36366171C	N
	3	5/25-5/31/19	PHARMACY SCIA RET	2,956.20	9-01-23-220-136-218			B POST RETIREMENT HEALTH BENEFITS	R	06/07/19	07/12/19		36366171C	N
	4	5/4-5/31/19	ADMIN FEE	4,618.75	9-01-23-220-134-218			B GROUP INS HOSPITALIZATION	R	06/07/19	07/12/19		23301161A	N
	5	5/4-5/31/19	ADMIN FEE SCIA ACT	78.75	9-01-23-220-134-218			B GROUP INS HOSPITALIZATION	R	06/07/19	07/12/19		23301161A	N
	6	5/4-5/31/19	ADMIN FEE SCIA RET	<u>100.00</u>	9-01-23-220-136-218			B POST RETIREMENT HEALTH BENEFITS	R	06/07/19	07/12/19		23301161A	N
				59,030.14										
19-01800 06/11/19 6/1-6/7/19 PHARMACY														
	1	6/1-6/7/19	PHARMACY COUNTY	26,198.33	9-01-23-220-134-218			B GROUP INS HOSPITALIZATION	R	06/11/19	07/12/19		36422721C	N
	2	6/1-6/7/19	PHARMACY SCIA RET	<u>931.18</u>	9-01-23-220-136-218			B POST RETIREMENT HEALTH BENEFITS	R	06/11/19	07/12/19		36422721C	N
				27,129.51										
19-01863 06/14/19 6/8/19-12/27/19 PHARMACY														
								B						
	3	6/8-6/14	JULY COUNTY EMPLOYEES	39,079.19	9-01-23-220-134-218			B GROUP INS HOSPITALIZATION	R	06/14/19	07/12/19			N
	4	6/8-6/14	JULY SCIA	189.39	9-01-23-220-134-218			B GROUP INS HOSPITALIZATION	R	06/14/19	07/12/19			N
	5	6/8-6/14	JULY SCIA RETIREE	346.31	9-01-23-220-136-218			B POST RETIREMENT HEALTH BENEFITS	R	06/14/19	07/12/19			N
	6	6/15-6/21	JULY COUNTY	39,684.97	9-01-23-220-134-218			B GROUP INS HOSPITALIZATION	R	06/14/19	07/12/19			N
	7	6/15-6/21	JULY SCIA ACTIVE	122.66	9-01-23-220-134-218			B GROUP INS HOSPITALIZATION	R	06/14/19	07/12/19			N
	8	6/15-6/21	JULY SCIA RETIRED	218.88	9-01-23-220-136-218			B POST RETIREMENT HEALTH BENEFITS	R	06/14/19	07/12/19			N
	9	6/22-6/28	COUNTY	23,514.69	9-01-23-220-134-218			B GROUP INS HOSPITALIZATION	R	06/14/19	07/12/19			N
	10	6/22-6/28	SCIA ACTIVE	1,515.62	9-01-23-220-134-218			B GROUP INS HOSPITALIZATION	R	06/14/19	07/12/19			N
	11	6/22-6/28	SCIA RETIREES	9.05	9-01-23-220-136-218			B POST RETIREMENT HEALTH BENEFITS	R	06/14/19	07/12/19			N
	12	6/1-6/28	ADMIN FEES COUNTY	4,808.13	9-01-23-220-134-218			B GROUP INS HOSPITALIZATION	R	06/14/19	07/12/19			N
	13	6/1-6/28	ADMIN FEES SCIA	37.88	9-01-23-220-134-218			B GROUP INS HOSPITALIZATION	R	06/14/19	07/12/19			N
	14	6/1-6/28	ADMIN FEE SCIA RETIRE	88.06	9-01-23-220-136-218			B POST RETIREMENT HEALTH BENEFITS	R	06/14/19	07/12/19			N
	15	6/29-7/5	COUNTY	19,669.21	9-01-23-220-134-218			B GROUP INS HOSPITALIZATION	R	06/14/19	07/12/19			N
	16	6/29-7/5	SCIA ACTIVE	3.88	9-01-23-220-134-218			B GROUP INS HOSPITALIZATION	R	06/14/19	07/12/19			N

Vendor # Name	PO #	PO Date	Description	Contract	PO Type	Amount	Charge Account	Acct Type Description	Stat/Chk	First Enc Date	Rcvd Date	Chk/Void Date	Invoice	1099 Excl
13093 MEDCO HEALTH SOLUTIONS INC ~ * Continued														
19-01863	06/14/19	6/8/19-12/27/19	PHARMACY	Continued										
17	6/29-7/5	SCIA RETIREE				62.51	9-01-23-220-136-218	B POST RETIREMENT HEALTH BENEFITS	R	06/14/19	07/12/19			N
						129,350.43								
Vendor Total:						215,510.08								

Total Purchase Orders: 3 Total P.O. Line Items: 23 Total List Amount: 215,510.08 Total Void Amount: 0.00

Totals by Year-Fund Fund Description	Fund	Budget Rcvd	Budget Held	Budget Total	Revenue Total	G/L Total	Total
CURRENT FUND	9-01	215,510.08	0.00	215,510.08	0.00	0.00	215,510.08
Total of All Funds:		<u>215,510.08</u>	<u>0.00</u>	<u>215,510.08</u>	<u>0.00</u>	<u>0.00</u>	<u>215,510.08</u>

P.O. Type: All
Range: 19-01862 to 19-01862
Format: Detail without Line Item Notes

Open: N Paid: N Void: N
Rcvd: Y Held: Y Aprv: N
Bid: Y State: Y Other: Y Exempt: Y

PO #	PO Date	Vendor	Amount	Charge Account	Contract	PO Type	Stat/Chk	First Enc Date	Rcvd Date	Chk/Void Date	Invoice
19-01862	06/14/19	19740		SOUTHERN COASTAL REGIONAL		B					
3	JULY COUNTY		762,209.00	9-01-23-220-134-218	B	GROUP INS HOSPITALIZATION	R	06/14/19	07/12/19		
4	JULY SCIA		12,346.00	9-01-23-220-134-218	B	GROUP INS HOSPITALIZATION	R	06/14/19	07/12/19		
5	JULY SCIA RETIREES		<u>12,920.00</u>	9-01-23-220-136-218	B	POST RETIREMENT HEALTH BENEFITS	R	06/14/19	07/12/19		
			787,475.00								

Total Purchase Orders: 1 Total P.O. Line Items: 3 Total List Amount: 787,475.00 Total Void Amount: 0.00

Totals by Year-Fund Fund Description	Fund	Budget Rcvd	Budget Held	Budget Total	Revenue Total	G/L Total	Total
CURRENT FUND	9-01	787,475.00	0.00	787,475.00	0.00	0.00	787,475.00
Total of All Funds:		<u>787,475.00</u>	<u>0.00</u>	<u>787,475.00</u>	<u>0.00</u>	<u>0.00</u>	<u>787,475.00</u>

July 12, 2019
03:13 PM

SALEM COUNTY
Bill List By P.O. Number

P.O. Type: All
Range: 19-01842 to 19-01842
Format: Detail without Line Item Notes

Open: N Paid: N Void: N
Rcvd: Y Held: Y Aprv: N
Bid: Y State: Y Other: Y Exempt: Y

PO #	PO Date	Vendor	Amount	Charge Account	Contract Acct	PO Type Description	Stat/Chk	First Enc Date	Rcvd Date	Chk/Void Date	Invoice
19-01842	06/12/19	08886		HEALTH INSURANCE SOLUTIONS *~		B					
	2 JUNE		48,653.42	9-01-23-220-134-218		B GROUP INS HOSPITALIZATION	R	06/12/19	07/12/19		
	3 JULY		<u>50,316.80</u>	9-01-23-220-134-218		B GROUP INS HOSPITALIZATION	R	06/12/19	07/12/19		
			98,970.22								

Total Purchase Orders: 1 Total P.O. Line Items: 2 Total List Amount: 98,970.22 Total Void Amount: 0.00

Totals by Year-Fund Fund Description	Fund	Budget Rcvd	Budget Held	Budget Total	Revenue Total	G/L Total	Total
CURRENT FUND	9-01	98,970.22	0.00	98,970.22	0.00	0.00	98,970.22
Total of All Funds:		<u>98,970.22</u>	<u>0.00</u>	<u>98,970.22</u>	<u>0.00</u>	<u>0.00</u>	<u>98,970.22</u>

P.O. Type: All
Range: M9-00347 to M9-00347
Format: Detail without Line Item Notes

Open: N Paid: N Void: N
Rcvd: Y Held: Y Aprv: N
Bid: Y State: Y Other: Y Exempt: Y

PO #	PO Date	Vendor	Contract	PO Type	Amount	Charge Account	Acct Type	Description	Stat/Chk	First Enc Date	Rcvd Date	Chk/Void Date	Invoice
M9-00347	07/15/19	02662 BOWMAN & CO LLP											
		1 PROFESSIONAL SERVICES RENDERED			20,000.00	9-01-20-135-182-218	B	AUDITOR/MISC	R	07/15/19	07/15/19		

Total Purchase Orders: 1 Total P.O. Line Items: 1 Total List Amount: 20,000.00 Total Void Amount: 0.00

Totals by Year-Fund Fund Description	Fund	Budget Rcvd	Budget Held	Budget Total	Revenue Total	G/L Total	Total
CURRENT FUND	9-01	20,000.00	0.00	20,000.00	0.00	0.00	20,000.00
Total of All Funds:		<u>20,000.00</u>	<u>0.00</u>	<u>20,000.00</u>	<u>0.00</u>	<u>0.00</u>	<u>20,000.00</u>

July 15, 2019
09:06 AM

SALEM COUNTY
Bill List By P.O. Number

P.O. Type: All
Range: M9-00348 to M9-00348
Format: Detail without Line Item Notes

Open: N Paid: N Void: N
Rcvd: Y Held: Y Aprv: N
Bid: Y State: Y Other: Y Exempt: Y

PO #	PO Date	Vendor	Amount	Charge Account	Contract Acct	PO Type Description	Stat/Chk	First Enc Date	Rcvd Date	Chk/Void Date	Invoice
M9-00348	07/15/19	16250 PARKER McCAY	192.22	9-01-20-135-120-218	B	BOND COSTS/MISC	R	07/15/19	07/15/19		
Total Purchase Orders:		1	Total P.O. Line Items:		1	Total List Amount:	192.22	Total Void Amount:		0.00	

Totals by Year-Fund Fund Description	Fund	Budget Rcvd	Budget Held	Budget Total	Revenue Total	G/L Total	Total
CURRENT FUND	9-01	192.22	0.00	192.22	0.00	0.00	192.22
Total of All Funds:		<u>192.22</u>	<u>0.00</u>	<u>192.22</u>	<u>0.00</u>	<u>0.00</u>	<u>192.22</u>

July 15, 2019
09:22 AM

SALEM COUNTY
Bill List By P.O. Number

Page No: 1

P.O. Type: All
Range: M9-00350 to M9-00350
Format: Detail without Line Item Notes

Open: N Paid: N Void: N
Rcvd: Y Held: Y Aprv: N
Bid: Y State: Y Other: Y Exempt: Y

PO #	PO Date	Vendor	Contract	PO Type	First	Rcvd	Chk/Void	
Item Description	Amount	Charge Account	Acct Type	Description	Stat/Chk	Enc Date	Date	Invoice
M9-00350	07/15/19	13116	MUNIHUB	*~				
1 BOND SERVICES	1,000.00	9-01-20-135-120-218	B	BOND COSTS/MISC	R	07/15/19	07/15/19	
Total Purchase Orders: 1		Total P.O. Line Items: 1		Total List Amount:	1,000.00	Total Void Amount:	0.00	

P.O. Type: All
Range: M9-00351 to M9-00351
Format: Detail without Line Item Notes

Open: N Paid: N Void: N
Rcvd: Y Held: Y Aprv: N
Bid: Y State: Y Other: Y Exempt: Y

PO #	PO Date	Vendor	Amount	Charge Account	Contract Acct	PO Type Description	Stat/Chk	First Enc Date	Rcvd Date	Chk/Void Date	Invoice
M9-00351	07/15/19	05618 AVIDXCHANGE, INC.									
		1 ACE	55,865.99	9-01-31-430-210-802	B	FACILITIES MGMT/ELECTRIC	R	07/15/19	07/15/19		
		2 CONSTELLATION	47,905.39	9-01-31-430-210-802	B	FACILITIES MGMT/ELECTRIC	R	07/15/19	07/15/19		
		3 UGI ENERGY SERVICES	4,522.09	9-01-31-430-210-806	B	FACILITIES MGMT/GAS HEAT	R	07/15/19	07/15/19		
		4 SJ GAS	4,395.79	9-01-31-430-210-806	B	FACILITIES MGMT/GAS HEAT	R	07/15/19	07/15/19		
			<u>112,689.26</u>								

Total Purchase Orders: 1 Total P.O. Line Items: 4 Total List Amount: 112,689.26 Total Void Amount: 0.00

P.O. Type: All

Range: 19-02009 to 19-02009

Format: Detail without Line Item Notes

PO #	PO Date	Vendor	Item Description	Amount	Charge Account	Acct Type Description	Contract PO Type	First Rcvd	Stat/Chk Enc Date	Date	Invoice
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19-02009	06/24/19	03427	CDW-GOVERNMENT LLC	69.63	G-02-41-798-16D-303	B FFY16 STATE HOMELAND SECURITY(SHSP)/MISC R		06/24/19	07/15/19			
1			MAGENTA INK	69.63	G-02-41-798-16D-303	B FFY16 STATE HOMELAND SECURITY(SHSP)/MISC R		06/24/19	07/15/19			
2			HP PHOTO BLACK INK	69.63	G-02-41-798-16D-303	B FFY16 STATE HOMELAND SECURITY(SHSP)/MISC R		06/24/19	07/15/19			
3			HP72 CYAN INK	69.63	G-02-41-798-16D-303	B FFY16 STATE HOMELAND SECURITY(SHSP)/MISC R		06/24/19	07/15/19			
4			HP72 YELLOW INK	69.63	G-02-41-798-16D-303	B FFY16 STATE HOMELAND SECURITY(SHSP)/MISC R		06/24/19	07/15/19			
5			HP72 GRAY INK	69.63	G-02-41-798-16D-303	B FFY16 STATE HOMELAND SECURITY(SHSP)/MISC R		06/24/19	07/15/19			
6			MAG&CYAN PRINTHD	73.02	G-02-41-798-16D-303	B FFY16 STATE HOMELAND SECURITY(SHSP)/MISC R		06/24/19	07/15/19			
7			BLK & YELLOW PRINT	58.65	G-02-41-798-16D-303	B FFY16 STATE HOMELAND SECURITY(SHSP)/MISC R		06/24/19	07/15/19			
8			GRAY & BLK PRINTHEAD	87.39	9-01-25-252-335-218	B EMER SERV/MISC R		06/24/19	07/15/19			
				<u>567.21</u>								

Total Purchase Orders: 1 Total P.O. Line Items: 8 Total List Amount: 567.21 Total Void Amount: 0.00

P.O. Type: All
Range: 19-00025 to 19-00025
Format: Detail without line item notes

Open: N Paid: N Void: N
Rcvd: Y Held: Y Aprv: N
Bid: Y State: Y other: Y Exempt: Y

PO #	PO Date	Vendor	Contract PO Type	First Rcvd	Stat/Chk Enc Date	Amount	Charge Account	Acct Type	Description
19-00025	01/31/19	CDW-GOVERNMENT LLC		07/15/19	R	9,540.00	6-02-41-798-16D-303	B	FFY16 STATE HOMELAND SECURITY(SHSP)/MISC R

Total Purchase Orders: 1 Total P.O. Line Items: 1 Total List Amount: 9,540.00 Total Void Amount: 0.00

P.O. Type: All
Range: 19-01277 to 19-01727
Format: Detail without line item notes

Open: N Paid: N Void: N
Rcvd: Y Held: Y Aprv: N
Bid: Y State: Y Other: Y Exempt: Y

PO #	PO Date	Vendor	Contract PO Type	Charge Account	Amount	Acct Type Description	Stat/chk Enc Date Date	First Rcvd	Chk/Void	Date Invoice
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19-01727	06/07/19	18729	B	ROYAL PRINTING SERVICE *	3,630.85	B CO CLERK/ELECTION COSTS/MISC	06/07/19	07/15/19	R	06/07/19 07/15/19
				2 PRIMARY ELECTION POSTAGE	785.00	B CO CLERK/ELECTION COSTS/MISC	06/07/19	07/15/19	R	06/07/19 07/15/19
				3 MAIL IN BALLOTS	2,085.00	B CO CLERK/ELECTION COSTS/MISC	06/07/19	07/15/19	R	06/07/19 07/15/19
				4 MAIL IN BALLOTS	8,436.25	B CO CLERK/ELECTION COSTS/MISC	06/07/19	07/15/19	R	06/07/19 07/15/19
				5 MAIL IN BALLOTS	484.50	B CO CLERK/ELECTION COSTS/MISC	06/07/19	07/15/19	R	06/07/19 07/15/19
				6 PROVISIONAL	2,261.40	B CO CLERK/ELECTION COSTS/MISC	06/07/19	07/15/19	R	06/07/19 07/15/19
				7 EXTRA PROVISIONAL	3,060.00	B CO CLERK/ELECTION COSTS/MISC	06/07/19	07/15/19	R	06/07/19 07/15/19
				8 PROVISIONAL W/CHANGES	4,257.00	B CO CLERK/ELECTION COSTS/MISC	06/07/19	07/15/19	R	06/07/19 07/15/19
				9 SAMPLE BALLOTS	25,000.00	B CO CLERK/ELECTION COSTS/MISC	06/07/19	07/15/19	R	06/07/19 07/15/19

Total Purchase Orders: 1 Total P.O. Line Items: 8 Total List Amount: 25,000.00 Total Void Amount: 0.00

Range of Checking Accts: 03101 to 03101 Range of Check Ids: 103627 to 103627
 Report Type: All Checks Report Format: Detail Check Type: Computer: Y Manual: Y Dir Deposit: Y

Check #	Check Date	Vendor	PO #	Item Description	Amount Paid	Charge Account	Account Type	Contract	Reconciled/Void Ref Num
103627	07/18/19	16156 PHOENIX ADVISORS, LLC							17879
M9-00355	1	BOND COSTS SERIES 2019			2,642.86	9-01-20-135-120-218	Budget		2 1
				BOND COSTS/MISC					
M9-00355	2	INITIAL SET UP FEE			200.00	9-01-20-135-120-218	Budget		3 1
				BOND COSTS/MISC					
					<u>2,842.86</u>				

Report Totals	Paid	Void	Amount Paid	Amount Void
Checks:	1	0	2,842.86	0.00
Direct Deposit:	0	0	0.00	0.00
Total:	<u>1</u>	<u>0</u>	<u>2,842.86</u>	<u>0.00</u>

P.O. Type: All
Range: 19-02204 to 19-02204
Format: Detail without Line Item Notes

Open: N Paid: N Void: N
Rcvd: Y Held: Y Aprv: N
Bid: Y State: Y Other: Y Exempt: Y

PO #	PO Date	Vendor	Contract	PO Type	Stat/Chk	First Enc Date	Rcvd Date	Chk/Void Date	Invoice
19-02204	07/17/19	19567 SALEM CO BD OF SOCIAL SERVICE							
1	ONE STOP JUNE 2019 FY 2018-19	10,836.06-	G-02-41-704-18A-303	B 2018 ONE STOP (7.1.18-6.30.19)	/MISC R	07/17/19	07/17/19		JUNE 2019
2	ONE STOP JUNE 2019 FY 17-18	175,191.88	G-02-41-704-17A-303	B 2017 ONE-STOP /MISC	R	07/17/19	07/17/19		
3	LESS MONTHLY EXPENSES RENT	3,752.36-	G-02-41-704-18A-303	B 2018 ONE STOP (7.1.18-6.30.19)	/MISC R	07/17/19	07/17/19		
		160,603.46							

Total Purchase Orders: 1 Total P.O. Line Items: 3 Total List Amount: 160,603.46 Total Void Amount: 0.00