FREEHOLDER PAYMENT APPROVAL SHEET

Please sign below in the spaces provided to indicate your approval of the attached bill list which is scheduled for payment this month.  

[Signatures]

If you have any questions please contact me at 935-7510 ext 8427

Thank you, Kelly A. Hannigan
<table>
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<th>Account</th>
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<th>Enc Date</th>
<th>Date</th>
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Total Of All Funds: 39,243.14 0.00 39,243.14
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CAFR Total: 299.40
Fund Total: CUSTODIAN TRUST 299.40
Year Total: 299.40

Total Charged Lines: 1 Total List Amount: 299.40 Total Void Amount: 0.00
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Total Of All Funds: 299.40 0.00 299.40
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## Totals by Year-Fund

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**Total Of All Funds:** 72.19 0.00 72.19
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<th>Amount</th>
<th>Charge Account</th>
<th>Contract</th>
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<th>First Enc Date Date</th>
<th>Rcvd Date</th>
<th>Chk/Void Date</th>
<th>Invoice</th>
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<td>PENNINGTON, STACY</td>
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Total Purchase Orders: 1  Total P.O. Line Items: 1  Total List Amount: 350.00  Total Void Amount: 0.00