

## Vendor Payments Reports

Date	fund func	Vendor Name	Invoice#	School/Department	Description	Amount	
08/19/19	5.14	OFFICE OF THE PRINCIPAL	JOHNSTON PAULA K	78965	SALEM ELEMENTARY	Final Payment for Empl Expense claim # 1654.	18.78
		Total by Vendor					18.78
		<b>Total for 5.14</b>					<b>18.78</b>
08/19/19	8.00	FUNCTION (K-12)	CARTER CYNTHIA	063019	GRADES (K-12)	Funds Released	340.00
		Total by Vendor					340.00
	8.00	FUNCTION (K-12)	FOUR PAWS ANIMAL HOSPITAL & WELLNESS CENTER	75592	GRADES (K-12)	V17-13676-02 SILKE, KIMBERLY K	113.03
	8.00	FUNCTION (K-12)	FOUR PAWS ANIMAL HOSPITAL & WELLNESS CENTER	75592A	GRADES (K-12)	V18-543-03 CASON, WUNNEANATSU	726.17
		Total by Vendor					839.20
		<b>Total for 8.00</b>					<b>1,179.20</b>
Total							<b>1,197.98</b>