

Invoice Listing - Detail

Vendor ID: ALBERTSON5	ALBERTSON'S/POWELL	PO Number:	Invoice Number: 20241125	Amount:	27.98
Description:		Invoice Date: 10/10/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 000 3350 410 018	supplies for board meeting		27.98		N
Vendor ID: AMERICANAI	AMERICAN AIRLINES - BMO VENDOR	PO Number:	Invoice Number: 20241125	Amount:	1,100.98
Description:		Invoice Date: 10/07/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 002 2213 332 018	Blue Ribbon Jason Hillman		216.97		N
01 002 2213 332 018	Blue ribbon - Amy Hillman (will be reimb)		216.97		N
01 002 2213 332 018	Blue Ribbon - Tara Shorb		216.97		N
01 002 2213 332 018	Blue ribbon - Danny Shorb - will be reim		216.97		N
01 000 3311 332 018	Blue Ribbon - Jay Curtis		216.97		N
01 000 3311 332 018	taxes and fees		16.13		N
Vendor ID: ARBUCKLELO	ARBUCKLE LODGE	PO Number:	Invoice Number: 20241125	Amount:	2,670.00
Description:		Invoice Date: 10/01/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 055 1430 332 038	motel - state tennis - Gillette - BMO		2,403.00		N
01 055 3520 332 018	motel - state tennis - Gillette - BMO		267.00		N
Vendor ID: ATT	AT&T - BMO VENDOR	PO Number:	Invoice Number: 20241125	Amount:	82.59
Description:		Invoice Date: 10/18/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 000 3440 343 018	ON CALL PHONE SERVICE		82.59		N
Vendor ID: BALLASTSHO	BALLAST SHOP - BMO VENDOR	PO Number:	Invoice Number: 20241125	Amount:	177.80
Description:		Invoice Date: 10/07/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 004 3460 410 018	WS EMERGENCY LIGHT DRIVERS		177.80		N
Vendor ID: BLAIRS	BLAIR'S MARKET	PO Number:	Invoice Number: 20241125	Amount:	18.36
Description:		Invoice Date: 10/18/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 000 3311 410 018	water for meetings		18.36		N
Vendor ID: BMOMEALMIS	BMO MEAL MISC VENDOR	PO Number:	Invoice Number: 20241125	Amount:	847.68
Description:		Invoice Date: 09/30/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X

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<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
01 055 1430 332 038	meal - state tennis - Gillette - BMO		542.92		N	
01 055 1430 332 038	meal - state tennis - Gillette - BMO		304.76		N	
Vendor ID: BMOMEALMIS BMO MEAL MISC VENDOR		PO Number:	Invoice Number: 20241125-0001		Amount: 272.00	
Description:		Invoice Date: 10/04/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00	
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
81 055 6000 332 190	lunch tickets - Nile - Billings, MT - BM		272.00		N	
Vendor ID: BMOMEALMIS BMO MEAL MISC VENDOR		PO Number:	Invoice Number: 20241125-0002		Amount: 1,616.30	
Description:		Invoice Date: 10/14/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00	
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
01 055 1430 332 027	credit charged to card - football - Gree		(607.60)		N	
01 055 1430 332 027	meal - football - Green River - BMO		607.60		N	
01 055 1430 332 027	meal - football - Green River - BMO		578.20		N	
01 055 1430 332 042	meal - Volleyball Conf. Duals - Pinedale		210.23		N	
01 055 1430 332 042	meal - volleyball Conf. Duals - Pinedale		330.37		N	
01 055 1430 332 042	meal - volleyball Conf. Duals - Pinedale		352.14		N	
01 055 1430 332 042	meal - volleyball conf duals - Pinedale		145.36		N	
Vendor ID: BMOMEALMIS BMO MEAL MISC VENDOR		PO Number:	Invoice Number: 20241125-0003		Amount: 540.71	
Description:		Invoice Date: 10/21/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00	
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
01 055 1430 332 025	meal - conference cross country - Lander		540.71		N	
Vendor ID: BMOMISCVEN BMO MISC VENDOR		PO Number:	Invoice Number: 20241125		Amount: 111.11	
Description:		Invoice Date: 10/07/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00	
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
01 055 3420 410 018	PHS KAIVAC SPRAY GUN		111.11		N	
Vendor ID: BMOMISCVEN BMO MISC VENDOR		PO Number:	Invoice Number: 20241125-0001		Amount: 284.99	
Description:		Invoice Date: 10/15/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00	
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
01 000 3440 410 018	SPRING FOR LADDER ON MAINT TRUCK		284.99		N	
Vendor ID: BMOMISCVEN BMO MISC VENDOR		PO Number:	Invoice Number: 20241125-0002		Amount: 20.27	
Description:		Invoice Date: 10/25/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00	
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
01 050 3440 410 018	MS HVAC BEARINGS		20.27		N	

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Vendor ID: BUILDCOM	BUILD.COM	PO Number:	Invoice Number: 20241125	Amount:	329.24
Description:		Invoice Date: 09/30/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 000 3440 410 018	REPLACEMENT FAUCET		329.24		N
Vendor ID: CARMENSPRO	CARMEN'S PRO TEAM STORE - BMO VENDOR	PO Number:	Invoice Number: 20241125	Amount:	83.37
Description:		Invoice Date: 10/23/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 055 3420 410 018	PHS BACKPACK VAC HARNESS		83.37		N
Vendor ID: DELTAAIRLI	DELTA AIRLINES	PO Number:	Invoice Number: 20241125	Amount:	1,344.90
Description:		Invoice Date: 10/07/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 002 2213 332 018	Blue ribbon - Jason Hillman		268.98		N
01 002 2213 332 018	Blue Ribbon - Amy Hillman will be reimbu		268.98		N
01 002 2213 332 018	Blue Ribbon - Tara Shorb		268.98		N
01 002 2213 332 018	Blue Ribbon - Danny Shorb - will be reim		268.98		N
01 000 3311 332 018	Blue ribbon - Jay Curtis		268.98		N
Vendor ID: ELTAPA	EL TAPATIO	PO Number:	Invoice Number: 20241125	Amount:	34.90
Description:		Invoice Date: 10/07/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 000 3350 410 018	agenda lunch		34.90		N
Vendor ID: EVERWASHBM	EVERWASH BMO VENDOR	PO Number:	Invoice Number: 20241125	Amount:	35.95
Description:		Invoice Date: 10/07/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 000 3450 410 018	October car wash subscription		35.95		N
Vendor ID: HAMPTONI10	HAMPTON INN/CASPER	PO Number:	Invoice Number: 20241125	Amount:	250.40
Description:		Invoice Date: 10/25/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
20 000 2213 332 669 115	Hampton Inn - 1 Night Stay for Ginger SI		125.20		N
20 000 2213 332 669 115	Hampton Inn - 1 Night Stay for M Wantulo		125.20		N
Vendor ID: HAMPTONI21	HAMPTON INN/DOUGLAS	PO Number:	Invoice Number: 20241125	Amount:	868.00
Description:		Invoice Date: 10/21/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X

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<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
01 055 1430 332 036	motel - girls swim invite -Douglas - BMO		744.00		N	
01 055 3520 332 018	motel - girls swim invite -Douglas - BMO		124.00		N	
Vendor ID: HAMPTONIN1 HAMPTON INN/PINEDALE		PO Number:	Invoice Number: 20241125		Amount: 1,584.00	
Description:		Invoice Date: 10/14/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00	
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
01 055 1430 332 042	motel - Volleyball Conf Duals - Pinedale		1,386.00		N	
01 055 3520 332 018	motel - Volleyball Conf Duals - Pinedale		198.00		N	
Vendor ID: HILTONGAR2 HILTON GARDEN INN/CASPER		PO Number:	Invoice Number: 20241125		Amount: 220.00	
Description:		Invoice Date: 10/16/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00	
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
01 050 1120 332 013	Science Olympiad Coaches Clinic		110.00		N	
01 050 1120 332 013	Science Olympiad Coaches Clinic - Carter		110.00		N	
Vendor ID: HOHUMMOTEL HO HUM MOTEL - BMO VENDOR		PO Number:	Invoice Number: 20241125		Amount: 208.00	
Description:		Invoice Date: 10/01/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00	
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
81 003 6000 410 440	motel rooms for bus drivers YNP field tr		(74.00)		N	
81 003 6000 410 440	Motel rooms for bus drivers on YNP field		282.00		N	
Vendor ID: HOLID8 HOLIDAY INN/CASPER		PO Number:	Invoice Number: 20241125		Amount: 330.00	
Description:		Invoice Date: 10/04/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00	
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
20 000 3312 332 636	Rooms for mental health summit, capser,		330.00		N	
Vendor ID: JIBBLEBMOV JIBBLE - BMO VENDOR		PO Number:	Invoice Number: 20241125		Amount: 433.26	
Description:		Invoice Date: 10/18/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00	
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
01 056 1132 411 018	Attendance tracking for SLC students - l		433.26		N	
Vendor ID: JIBBLEBMOV JIBBLE - BMO VENDOR		PO Number:	Invoice Number: 20241125-0001		Amount: 29.82	
Description:		Invoice Date: 10/21/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00	
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
01 056 1132 411 018	Invoice 41131 - 2 additional subscriptio		29.82		N	
Vendor ID: LAMPLI LAMPLIGHTER INN		PO Number:	Invoice Number: 20241125		Amount: 59.24	
Description:		Invoice Date: 10/16/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00	

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Sequence: 1 Check Type: Automatic Payment Checking Account ID: 1 Check Number: 335 Check Date: 11/04/2024 CC: X
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 000 3311 410 018 working lunch 59.24 N

Vendor ID: LEARNINGA LEARNING A-Z PO Number: Invoice Number: 20241125 Amount: 396.00
 Description: Invoice Date: 10/09/2024 Due Date: 11/04/2024 Status: AP 1099 Amount: 0.00
 Sequence: 1 Check Type: Automatic Payment Checking Account ID: 1 Check Number: 335 Check Date: 11/04/2024 CC: X
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 002 1110 411 018 LEARNING A-Z RAZ KIDS 2 CLASSROOMS 264.00 N
 01 001 1110 411 018 LEARNING A-Z RAZ KIDS 1 CLASSROOM 132.00 N

Vendor ID: LINDAMOOD LINDAMOOD-BELL LEARNING PROCESSES PO Number: Invoice Number: 20241125 Amount: 850.00
 Description: Invoice Date: 10/15/2024 Due Date: 11/04/2024 Status: AP 1099 Amount: 0.00
 Sequence: 1 Check Type: Automatic Payment Checking Account ID: 1 Check Number: 335 Check Date: 11/04/2024 CC: X
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 20 000 2140 312 669 115 Visualizing and Verbalizing Webinar Trai 850.00 N

Vendor ID: NATIONALA2 NATIONAL ASSOC OF SCHOOL NURSES PO Number: Invoice Number: 20241125 Amount: 140.00
 Description: Invoice Date: 10/24/2024 Due Date: 11/04/2024 Status: AP 1099 Amount: 0.00
 Sequence: 1 Check Type: Automatic Payment Checking Account ID: 1 Check Number: 335 Check Date: 11/04/2024 CC: X
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 003 2130 640 018 Annual NASN Membership Renewal for nurse 140.00 N

Vendor ID: NATIONALA6 NATIONAL ASSOCIATION FOR MUSIC EDUCATION PO Number: Invoice Number: 20241125 Amount: 126.00
 Description: Invoice Date: 10/01/2024 Due Date: 11/04/2024 Status: AP 1099 Amount: 0.00
 Sequence: 1 Check Type: Automatic Payment Checking Account ID: 1 Check Number: 335 Check Date: 11/04/2024 CC: X
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 055 1430 332 074 Murray - All Northwest educator fee - BM 126.00 0.00 N

Vendor ID: NFHSPROFES NFHS PROFESSIONAL ASSOC PO Number: Invoice Number: 20241125 Amount: 79.99
 Description: Invoice Date: 10/11/2024 Due Date: 11/04/2024 Status: AP 1099 Amount: 0.00
 Sequence: 1 Check Type: Automatic Payment Checking Account ID: 1 Check Number: 335 Check Date: 11/04/2024 CC: X
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 000 3311 411 018 superintendent subscription 2024-2025 79.99 0.00 N

Vendor ID: OCALIONLIN OCALI ONLINE - BMO VENDOR PO Number: Invoice Number: 20241125 Amount: 600.00
 Description: Invoice Date: 09/30/2024 Due Date: 11/04/2024 Status: AP 1099 Amount: 0.00
 Sequence: 1 Check Type: Automatic Payment Checking Account ID: 1 Check Number: 335 Check Date: 11/04/2024 CC: X
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 20 000 2213 312 669 115 OCALICONLINE Conference Registration - K 300.00 N
 20 000 2213 312 669 115 OCALICONLINE Conference Registration - G 300.00 N

Vendor ID: ORBITZ ORBITZ PO Number: Invoice Number: 20241125 Amount: 15.00
 Description: Invoice Date: 10/07/2024 Due Date: 11/04/2024 Status: AP 1099 Amount: 0.00

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Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 000 3311 332 018	booking fee		15.00		N
Vendor ID: PARAPROASS PARAPRO ASSESSMENT			PO Number:	Invoice Number: 20241125	Amount: 165.00
Description:			Invoice Date: 10/02/2024	Due Date: 11/04/2024	Status: AP 1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
20 055 1530 390 677	3 Para Pro Test		165.00		N
Vendor ID: PEARSON PEARSON			PO Number:	Invoice Number: 20241125	Amount: 99.00
Description:			Invoice Date: 10/08/2024	Due Date: 11/04/2024	Status: AP 1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
20 000 2140 312 669 115	ADHD Virtual Summit - 2 Days October 8-9		99.00		N
Vendor ID: PIZZAHUT9 PIZZA HUT/POWELL #1803			PO Number:	Invoice Number: 20241125	Amount: 114.80
Description:			Invoice Date: 09/30/2024	Due Date: 11/04/2024	Status: AP 1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 000 3311 332 018	legislative working lunch		114.80		N
Vendor ID: PRIOHEALTH PRIOHEALTH			PO Number:	Invoice Number: 20241125	Amount: 99.00
Description:			Invoice Date: 10/25/2024	Due Date: 11/04/2024	Status: AP 1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
20 000 1210 411 669 116	Calm Connect Annual Subscription Renewal		99.00		N
Vendor ID: PROED PRO ED, INC.			PO Number:	Invoice Number: 20241125	Amount: 700.00
Description:			Invoice Date: 10/08/2024	Due Date: 11/04/2024	Status: AP 1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
20 003 1210 410 669 116	ProEd Edmark Reading Program - Haney, Po		700.00		N
Vendor ID: PTCFASTCOM PTCFAST.COM			PO Number:	Invoice Number: 20241125	Amount: 100.00
Description:			Invoice Date: 10/01/2024	Due Date: 11/04/2024	Status: AP 1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 003 1110 411 018	Scheduling software for PT conferences		100.00		N
Vendor ID: PTCFASTCOM PTCFAST.COM			PO Number:	Invoice Number: 20241125-0001	Amount: 100.00
Description:			Invoice Date: 10/22/2024	Due Date: 11/04/2024	Status: AP 1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 004 1110 411 018	Parent Teacher Scheduling for 2024 Fall		100.00		N

Invoice Listing - Detail

Vendor ID: QDOBACASPE	QDOBA/CASPER	PO Number:	Invoice Number: 20241125	Amount:	184.53
Description:		Invoice Date: 10/07/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 055 1430 332 036	meal - girls swim - Douglas Invite - BMO		184.53		N
Vendor ID: RENAISSAN1	RENAISSANCE GLENDALE - BMO VENDOR	PO Number:	Invoice Number: 20241125	Amount:	1,031.95
Description:		Invoice Date: 10/07/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
20 055 2213 332 674 055	Hotel National Consortium Health Science		1,031.95		N
Vendor ID: RENAISSAN1	RENAISSANCE GLENDALE - BMO VENDOR	PO Number:	Invoice Number: 20241125-0001	Amount:	(115.19)
Description:		Invoice Date: 10/21/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
20 055 2213 332 674 055	-\$115.19 charge for incidentals charged		(115.19)		N
Vendor ID: SMOREBMOVE	SMORE - BMO VENDOR	PO Number:	Invoice Number: 20241125	Amount:	179.00
Description:		Invoice Date: 10/25/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 003 1110 411 018	Parent Newsletter Creator		179.00		N
Vendor ID: SOLUTIONTR	SOLUTION TREE, INC	PO Number:	Invoice Number: 20241125	Amount:	396.00
Description:		Invoice Date: 10/01/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 000 2213 312 018	AI virtual class Borchert, L Miller, Myer		396.00		N
Vendor ID: SUPERTEACH	SUPER TEACHER WORKSHEETS - BMO VENDOR	PO Number:	Invoice Number: 20241125	Amount:	24.95
Description:		Invoice Date: 10/09/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 004 1110 410 018	4th Grade Teacher Resource, worksheets		24.95		N
Vendor ID: SUPPLYHOUS	SUPPLY HOUSE - BMO VENDOR	PO Number:	Invoice Number: 20241125	Amount:	123.80
Description:		Invoice Date: 10/02/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 050 3440 410 018	MS SOLENOID VALVE		123.80		N
Vendor ID: SUPPLYHOUS	SUPPLY HOUSE - BMO VENDOR	PO Number:	Invoice Number: 20241125-0001	Amount:	188.87
Description:		Invoice Date: 10/04/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00

Invoice Listing - Detail

Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 055 3440 410 018	PHS SUPPLY FAN MOTOR		188.87		N
Vendor ID: UBER	UBER - BMO VENDOR	PO Number:	Invoice Number: 20241125	Amount:	51.57
Description:		Invoice Date: 10/09/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 003 3321 332 018	Uber in Washington DC		51.57		N
Vendor ID: UBER	UBER - BMO VENDOR	PO Number:	Invoice Number: 20241125-0001	Amount:	80.54
Description:		Invoice Date: 10/14/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 003 3321 332 018	Washington DC trip		80.54		N
Vendor ID: UNITEDAIRL	UNITED AIRLINES	PO Number:	Invoice Number: 20241125	Amount:	202.92
Description:		Invoice Date: 10/07/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 000 3311 332 018	changes to flights to AASA in March		179.93		N
01 000 3311 332 018	schedule change fee for AASA March 2025		22.99		N
Vendor ID: UNITEDAIRL	UNITED AIRLINES	PO Number:	Invoice Number: 20241125-0001	Amount:	40.00
Description:		Invoice Date: 10/09/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 003 3321 332 018	Baggage for trip to DC		40.00		N
Vendor ID: UNITEDAIRL	UNITED AIRLINES	PO Number:	Invoice Number: 20241125-0002	Amount:	514.43
Description:		Invoice Date: 10/10/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 055 2213 332 629	DeAnne Jensen tickets for conference		514.43		N
Vendor ID: UNITEDAIRL	UNITED AIRLINES	PO Number:	Invoice Number: 20241125-0003	Amount:	130.00
Description:		Invoice Date: 10/14/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 003 3321 332 018	baggage for Washington DC trip		40.00		N
01 003 3321 332 018	baggage for Washington DC trip		40.00		N
01 003 3321 332 018	baggage for DC trip		50.00		N
Vendor ID: VERIZO	VERIZON WIRELESS	PO Number:	Invoice Number: 20241125	Amount:	305.00
Description:		Invoice Date: 10/02/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00

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Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024	CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 002 1290 341 629	Monthly service fee for jetpack/hotspots		101.66		N
01 050 1290 341 629	Monthly service fee for jetpack/hotspots		101.67		N
01 055 1290 341 629	Monthly service fee for jetpack/hotspots		101.67		N

Vendor ID: VERIZO VERIZON WIRELESS PO Number: Invoice Number: 20241125-0001 Amount: 60.00

Description:	Invoice Date: 10/08/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024
CC: X				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
01 002 1290 341 629	Monthly service fee overage for jetpacks		20.00	
01 050 1290 341 629	Monthly service fee overage for jetpacks		20.00	
01 055 1290 341 629	Monthly service fee overage for jetpacks		20.00	

Vendor ID: WAHPERD WAHPERD PO Number: Invoice Number: 20241125 Amount: 314.00

Description:	Invoice Date: 10/17/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024
CC: X				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
01 055 1130 312 018	WAPHERD Conference Registration for K. B		314.00	

Vendor ID: WALMAR WAL-MART STORE #01-1778 PO Number: Invoice Number: 20241125 Amount: 44.82

Description:	Invoice Date: 10/03/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024
CC: X				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
01 002 1210 410 018	Student Specific Purchase for Students a		7.98	
01 004 1210 410 018	Student Specific Purchase for Students a		36.84	

Vendor ID: WALMARTCOM WALMART.COM - BMO VENDOR PO Number: Invoice Number: 20241125 Amount: 66.54

Description:	Invoice Date: 10/16/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024
CC: X				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
01 000 3420 410 018	BOUNTY TOWELS DW USE		66.54	

Vendor ID: WEBSTAUAN WEBSTAURANT STORE - BMO VENDOR PO Number: Invoice Number: 20241125 Amount: 39.61

Description:	Invoice Date: 10/16/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024
CC: X				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
01 050 3420 410 018	MS CAMS FOR WARMER		39.61	

Vendor ID: WILDWESTPI WILD WEST PIZZERIA & SALOON PO Number: Invoice Number: 20241125 Amount: 618.56

Description:	Invoice Date: 09/30/2024	Due Date: 11/04/2024	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024
CC: X				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
81 003 6000 410 440	Pizza for YNP 5th field trip		618.56	

Invoice Listing - Detail

Vendor ID: WILLARDINT	WILLARD INTERCONTINENTAL WASHINGTON DC - BMO	PO Number:	Invoice Number: 20241125	Amount: 753.68
Description:		Invoice Date: 10/14/2024	Due Date: 11/04/2024	Status: AP 1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024 CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u> 1099 <u>Detail Amount</u>	<u>Asset/Asset Tag</u> <u>In Full</u>
01 003 3321 332 018	motel in Washington DC - Principal of Ye		753.68	N
Vendor ID: WMEA	WMEA	PO Number:	Invoice Number: 20241125	Amount: 120.00
Description:		Invoice Date: 10/02/2024	Due Date: 11/04/2024	Status: AP 1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024 CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u> 1099 <u>Detail Amount</u>	<u>Asset/Asset Tag</u> <u>In Full</u>
01 055 1400 332 052	All Northwest application fees - Band -		80.00	N
01 055 1400 332 052	All Northwest application fees - Band -		20.00	N
01 055 1400 332 052	All Northwest application fees - Band -		20.00	N
Vendor ID: WMEA	WMEA	PO Number:	Invoice Number: 20241125-0001	Amount: 140.00
Description:		Invoice Date: 10/03/2024	Due Date: 11/04/2024	Status: AP 1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024 CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u> 1099 <u>Detail Amount</u>	<u>Asset/Asset Tag</u> <u>In Full</u>
01 055 1400 332 074	All Northwest Student application fees -		140.00	N
Vendor ID: WMEA	WMEA	PO Number:	Invoice Number: 20241125-0002	Amount: 20.00
Description:		Invoice Date: 10/04/2024	Due Date: 11/04/2024	Status: AP 1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024 CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u> 1099 <u>Detail Amount</u>	<u>Asset/Asset Tag</u> <u>In Full</u>
01 055 1400 332 074	All Northwest Student application fees -		20.00	N
Vendor ID: WYINNOVATI	WY INNOVATIONS IN LEARNING - BMO VENDOR	PO Number:	Invoice Number: 20241125	Amount: 500.00
Description:		Invoice Date: 10/01/2024	Due Date: 11/04/2024	Status: AP 1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 335	Check Date: 11/04/2024 CC: X
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u> 1099 <u>Detail Amount</u>	<u>Asset/Asset Tag</u> <u>In Full</u>
20 055 2213 332 659 177	WY Innovations Conference Registration O		100.00	N
20 050 2213 332 659 177	WY Innovations Conference Registration-		200.00	N
20 055 2213 332 659 177	WY Innovations Conference Registration-		200.00	N

Report 1099 Total: 0.00

Report Total: 23,182.22