CITY OF CUTBANK
Claim Approval List
For the Accounting Period: 3/24

For Doc # = 64270
* ... Over spent expenditure

Claim	Check	Vendor #/Name/ Invoice #/Inv Date/Description	Document $/ Line $	Disc $	PO #	Fund Org Acct	Object Proj	Cash Account
64270		0007 US POST OFFICE	548.21					
		Postage - Utility Bills	182.74*			5210 430570	310	101000
		Postage - Utility Bills	182.74			5310 430670	310	101000
		Postage - Utility Bills	182.73			5410 430870	310	101000

# of Claims 1 Total: 548.21