CITY OF CUTBANK
Claim Approval List
For the Accounting Period: 4/24

For doc #s from 64324 to 64325
* ... Over spent expenditure

Claim	Check	Vendor #/Name/ Invoice #/Inv Date/Description	Document $/ Line $	Disc $	PO #	Fund	Org	Acct	Object	Proj	Cash Account
64324		1348 HiLINES' HELP FOR ABUSED SPOUSES	241.42								
	04/09/24	State surcharge-crime victims	241.42			7699	211000				101000
64325		0515 GLACIER COUNTY TREASURER	165.00								
	04/09/24	State surcharge-Tech Fee	165.00			7458	211000				101000
	04/09/24	State surcharge-Law Acad Fee	0.00			7467	211000				101000

# of Claims 2 Total: 406.42