

AGENDA

School District #145 - Waverly Public Schools

1. Opening of the Meeting

1.1. Call to Order

1.2. Open Meetings Act

1.3. Publication of Meeting

1.4. Roll Call

1.5. Pledge of Allegiance

1.6. Appoint Temporary Chairperson

Motion to appoint Superintendent Dr. Cory Worrell as the Temporary Chairperson to conduct the election for Board President. Passed with a motion by Board Member #1 and a second by Board Member #2.

1.7. Election of Officers

2. APPROVAL OF AGENDA

2.1. Approve Agenda

Approval of the agenda for the meeting Passed with a motion by Board Member #1 and a second by Board Member #2.

3. REPORTS

3.1. Building / District Administrators

3.2. Superintendent

3.3. Board Reports

4. RECOGNITION OF VISITORS / OPEN FORUM

5. ACTION ITEMS

5.1. Consent Agenda

Approval of the consent agenda Passed with a motion by Board Member #1 and a second by Board Member #2.

- 5.1.1. Meeting Minutes
- 5.1.2. Staff Resignations / Terminations
- 5.1.3. Staff Hires / Reassignments
- 5.1.4. Extra-Duty Assignments
- 5.1.5. Fund Balances
- 5.1.6. Fund Claims
- 5.1.7. Acceptance of Donations
 - Cedar Hill Methodist Church \$150 - Assistance with unpaid lunch bills
 - Horizon Bank \$10,000 for Family and Consumer Science upgrades

5.2. One Year Contract

Approve one year contract for Lilli Heaston Passed with a motion by Board Member #1 and a second by Board Member #2.

5.3. Rutts HVAC Service Agreements

Approve Rutts HVAC Service Agreements Passed with a motion by Board Member #1 and a second by Board Member #2.

5.4. Out of State Trip

Approve High Ability Learning out of state trip to Washington D.C. Passed with a motion by Board Member #1 and a second by Board Member #2.

5.5. Designate District Legal Counsel

Approve Perry Law Firm and KSB as District 145 designated legal counsel Passed with a motion by Board Member #1 and a second by Board Member #2.

5.6. Designating Financial Institutions

Approve Horizon Bank, First State Bank and Riverstone Bank as District 145 Financial Institutions Passed with a motion by Board Member #1 and a second by Board Member #2.

5.7. Lawson Park Agreement

Approve the interlocal agreement for the use of Lawson Park, for 2026, with the City of Waverly Passed with a motion by Board Member #1 and a second by Board Member #2.

6. Discussion Items

6.1. Kordica Communications to give an update on facility data taken so far

7. Board of Education Information and Discussion

7.1. Board Training/Development

7.2. Board Meetings

7.3. Committee Meetings

8. Adjournment

Motion to adjourn. Passed with a motion by Board Member #1 and a second by Board Member #2.

Meeting Notice

Notice of Regular Meeting School District 145 (aka Waverly Public Schools)

The School District 145-Waverly Board of Education will convene in regular session at 6:00 p.m. on Monday, January 5th, 2026 in the Central Office Board Room, 14511 Heywood Street, Waverly, Nebraska.

The agenda for this meeting, which shall be kept continually current, shall be readily available for public inspection at the School District 145-Waverly Central Office, located at 14511 Heywood Street, Waverly, Nebraska.

Posted this 25th day of December, 2025.



Cory Worrell
Superintendent

Public Input to the Board

It is the policy of the Board of Education to provide for and encourage input from its various constituents in an appropriate and orderly fashion at regularly scheduled Board of Education meetings. The board is open to and encourages input on school issues from the public. The board would prefer that individuals or groups with school related concerns first attempt to resolve those concerns through established administrative channels.

1. Matters concerning an individual school shall be discussed first with the respective building administrator of the school.
2. If the matter is not resolved satisfactorily at the school level, it may then be brought to the Superintendent.
3. If the matter is not resolved satisfactorily at the Superintendent's level, it may then be brought before the board of education by:
 - a. Addressing the matter during Open Forum at a regular, monthly board meeting; individual presentations should be no longer than three (3) minutes and the total allotted Open Forum agenda time will be a maximum of thirty (30) minutes.
 - b. Requesting a formal agenda item by contacting the superintendent or board president on or before the Thursday prior to the regular, monthly meeting which, unless otherwise announced, will be on the first Monday of every month.
 - c. Submitting the matter in writing, said documentation can either be presented at the regular meeting or appended to the agenda, if received in the superintendent's office on the designated Thursday.
4. A response will be provided once the board has the opportunity to inquire about the matter. Possible board responses when appropriate may include, but are not limited to: directing the superintendent to address the matter; tabling for further study; appointing a temporary board committee to study and/or resolve the matter; scheduling a special meeting to hear the matter; or not taking action. Public input to the board is heard during Open Forum. Matters brought to the board in this fashion will be taken under advisement and not acted upon at that time.

Note: The chair will not allow complaints about individuals. There are appropriate channels to address such matters. Because of the potential of introducing bias into board hearings on termination cases, complaints on individual employees will be received by the board only through the Superintendent of schools.

Policy Adopted: 04/10/78
 Policy Revised: 03/07/88
 Policy Revised: 01/02/06
 Policy Revised: 11/03/08

SCHOOL DISTRICT 145
 WAVERLY, NEBRASKA

Board of Education Regular Meeting
Monday, December 1, 2025 6:00 PM Central

Central Office Building
14511 Heywood
Waverly, NE 68462-0426

1. CALL TO ORDER

1.1. Roll Call

Larry Adams: Present
Scott Claycomb: Present
John Cooper: Present
Chad Kendall: Present
Cole Stark: Present
Jessica Zuniga: Present
Present: 6.

1.2. Open Meetings Act

COPY OF OPEN MEETINGS ACT: The Board of Education makes available at least one current copy of the Open Meetings Act posted in the meeting room at a location accessible to members of the public. The Act is posted on the wall of the meeting room.

1.3. Pledge of Allegiance

1.4. Publication of Meeting

Notice of the meeting was given in advance by posting in accordance with the Board of Education approved method for giving notice of meetings. Notice of this meeting was given in advance to all members of the Board of Education. Availability of the agenda was communicated in the posted notice and a current copy of the agenda was maintained as stated in the posted notice.

The board meeting notice also appeared in the Thursday, November 20th, 2025 edition of The Voice.

2. APPROVAL OF AGENDA

2.1. Approve Agenda

Approval of agenda Passed with a motion by Scott Claycomb and a second by Larry Adams. Larry Adams: Yea, Scott Claycomb: Yea, John Cooper: Yea, Chad Kendall: Yea, Cole Stark: Yea, Jessica Zuniga: Yea Yea: 6, Nay: 0

3. REPORTS

3.1. Building / District Administrators

3.2. Superintendent

3.3. Board Reports

4. RECOGNITION OF VISITORS / OPEN FORUM

The regular board meeting agenda provides for citizens to present information or to express opinions to the board through public comment.

5. ACTION ITEMS

5.1. Consent Agenda

Approval of the consent agenda Passed with a motion by Cole Stark and a second by John Cooper. Larry Adams: Yea, Scott Claycomb: Yea, John Cooper: Yea, Chad Kendall: Yea, Cole Stark: Yea, Jessica Zuniga: Yea Yea: 6, Nay: 0

5.1.1. Meeting Minutes

5.1.2. Staff Resignations / Terminations

Caleb Canoyer, Paid wrestling coach, resignation effective Nov. 17, 2025

5.1.3. Staff Hires / Reassignments

The information may be protected by privacy legislation until the Board of Education takes action on the staff recommendations. Therefore, this attachment(s) is not included in agenda materials provided to the public and the news media. Any information in the attachment(s) that is not protected by privacy legislation, however, is available for public inspection at the Superintendent Office upon request.

Brenda Munroe, Administrative Assistant, Central Office, Recommend start date 11/10/2025, Replacement for Linda Shafer

Caleb Canoyer, volunteer assistant wrestling coach, Waverly High School, Replacing Brad Canoyer, Recommended start date 11/17/2025

5.1.4. Extra-Duty Assignments

5.1.5. Fund Balances

5.1.6. Fund Claims

5.1.7. Acceptance of Donations

5.2. Software Unlimited School Accounting System - Online option and modules

Approve one-time license and annual fees for implementing the School Accounting System - Online T3 by Software Unlimited, inc. Passed with a motion by Scott Claycomb and a second by Chad Kendall. Larry Adams: Yea, Scott Claycomb: Yea, John Cooper: Yea, Chad Kendall: Yea, Cole Stark: Yea, Jessica Zuniga: Yea Yea: 6, Nay: 0

5.3. Frontline Central Contract

Approve the Frontline Central Contract and yearly subscription fee as presented. Passed with a motion by Cole Stark and a second by Scott Claycomb. Larry Adams: Yea, Scott Claycomb: Yea, John Cooper: Yea, Chad Kendall: Yea, Cole Stark: Yea, Jessica Zuniga: Yea Yea: 6, Nay: 0

5.4. Approve 2024-2025 District 145 - Audit

Approve 2024-2025 District 145 Audit Passed with a motion by Larry Adams and a second by Chad Kendall. Larry Adams: Yea, Scott Claycomb: Yea, John Cooper: Yea, Chad Kendall: Yea, Cole Stark: Yea, Jessica Zuniga: Yea Yea: 6, Nay: 0

5.5. Policy updates

Approve changes to policies 4740 and 6420 Passed with a motion by John Cooper and a second by Chad Kendall. Larry Adams: Yea, Scott Claycomb: Yea, John Cooper: Yea, Chad Kendall: Yea, Cole Stark: Yea, Jessica Zuniga: Yea Yea: 6, Nay: 0

5.6. Out of State Trip

Approve out of state trip to Worlds of Fun for middle school band students Passed with a motion by Chad Kendall and a second by Larry Adams. Larry Adams: Yea, Scott Claycomb: Yea, John Cooper: Yea, Chad Kendall: Yea, Cole Stark: Yea, Jessica Zuniga: Yea Yea: 6, Nay: 0

5.7. School Calendar 2026-2027

The calendar draft was shared at the November board meeting. There has been no change with the calendar since that meeting. Approve the 2026-2027 school calendar Passed with a motion by Chad Kendall and a second by Cole Stark. Larry Adams: Yea, Scott Claycomb: Yea, John Cooper: Yea, Chad Kendall: Yea, Cole Stark: Yea, Jessica Zuniga: Yea Yea: 6, Nay: 0

5.8. Approve one year contract

Approve Jillian Blake's one year contract to teach at Hamlow for the remainder of the 2025-2026 school year Passed with a motion by Chad Kendall and a second by Cole Stark. Larry Adams: Yea, Scott Claycomb: Yea, John Cooper: Yea, Chad Kendall: Yea, Cole Stark: Yea, Jessica Zuniga: Yea Yea: 6, Nay: 0

6. Discussion Items

7. Convene Closed Session

7.1. Convene Closed Session

The Board of Education is authorized by state statute to hold closed sessions. Closed sessions may be held when clearly necessary for the protection of the public interest or for the prevention of the needless injury to the reputation of the individual. Reasons that meet this standard include but are not limited to: (a) strategy sessions with respect to collective bargaining, real estate matters, pending litigation, or litigation which is imminent as evidenced by communication of a claim or threat of litigation to or by the public body; (b) discussion regarding deployment of security personnel or devices; (c) investigative proceedings regarding the allegations of criminal misconduct; (d) evaluation of the job performance of a person when necessary to prevent the needless injury to the reputation of a person and if such person has not requested a public meeting; and (e) legal advice.

Approve convening into closed session at 8:01 P.M. for the purpose of discussing the superintendent's evaluation. Passed with a motion by Chad Kendall and a second by John Cooper. Larry Adams: Yea, Scott Claycomb: Yea, John Cooper: Yea, Chad Kendall: Yea, Cole Stark: Yea, Jessica Zuniga: Yea Yea: 6, Nay: 0

7.1.1. Restate Closed Session Reason

The reason to enter into closed session is for the purpose of discussing the superintendent's evaluation

8. Reconvene to Open Session

8.1. Reconvene to Open Session

Open session was reconvened at 8:26PM. The board of education went through Dr. Cory Worrell's superintendent evaluation.

9. Upcoming Board Activities

9.1. Committee Meetings

9.2. Board Meetings

9.3. Board Training/Development

10. Adjournment

Adjournment passed with a motion by Chad Kendall and a second by John Cooper. Larry Adams: Yea, Scott Claycomb: Yea, John Cooper: Yea, Chad Kendall: Yea, Cole Stark: Yea, Jessica Zuniga: Yea Yea: 6, Nay: 0

Board of Education

Business Manager

**Fund Balances as of:
September 30, 2025**

Fund	July 30, 2025	Receipts	Expenditures	Transfers	September 30, 2025
Money Market	11,307,267.34	35,977.92	-	675,000.00	12,018,245.26
General	9,217,209.19	1,769,398.25	2,903,237.94	(700,000.00)	7,383,369.50
Building	717,938.78	66,002.17	45,708.13	-	738,232.82
Bond 15 Construction	0.33	-	-	-	0.33
Bond 2016- 2021B (Debt)	132,060.76	33,467.50	-	-	165,528.26
Bond 2015- 2015/2020 (Debt)	157,739.01	40,160.73	-	-	197,899.74
Bond 11 A/B K-8- 2021A Debt	264,484.58	49,695.16	-	-	314,179.74
Bond 11 C 9-12- 2016B Debt	94,287.40	16,163.02	-	-	110,450.42
Hot Lunch	202,257.92	86,457.83	162,932.73	-	125,783.02
2003 QCPUF (Env Hazards)	2.33	-	-	-	2.33
2010 QCPUF	9.76	-	-	-	9.76
2012 QCPUF	1,164.72	-	-	-	1,164.72
2013 QCPUF	1,973.51	-	-	-	1,973.51
2024 QCPUF	2,909,735.45	52,071.48	907,625.50	-	2,054,181.43
Depreciation	117,740.48	5.27	136,872.04	25,000.00	5,873.71
Total	25,123,871.56	2,149,399.33	4,156,376.34	-	23,116,894.55

**Fund Balances as of:
October 29, 2025**

Fund	September 30, 2025	Receipts	Expenditures	Transfers	October 29, 2025
Money Market	12,018,245.26	36,406.48	-	(50,000.00)	12,004,651.74
General	7,383,369.50	464,310.50	2,912,657.63	-	4,935,022.37
Building	738,232.82	7,536.01	181,170.53	-	564,598.30
Bond 15 Construction	0.33	-	-	-	0.33
Bond 2016- 2021B (Debt)	165,528.26	3,833.97	-	-	169,362.23
Bond 2015- 2015/2020 (Debt)	197,899.74	4,600.63	-	-	202,500.37
Bond 11 A/B K-8- 2021A Debt	314,179.74	6,897.49	-	-	321,077.23
Bond 11 C 9-12- 2016B Debt	110,450.42	2,241.41	-	-	112,691.83
Hot Lunch	125,783.02	264,070.28	99,163.69	-	290,689.61
2003 QCPUF (Env Hazards)	2.33	-	-	-	2.33
2010 QCPUF	9.76	-	-	-	9.76
2012 QCPUF	1,164.72	-	-	-	1,164.72
2013 QCPUF	1,973.51	-	-	-	1,973.51
2024 QCPUF	2,054,181.43	11,336.97	839.79	-	2,064,678.61
Depreciation	5,873.71	0.62	53,522.26	50,000.00	2,352.07
Total	23,116,894.55	801,234.36	3,247,353.90	-	20,670,775.01

**Fund Balances as of:
November 26, 2025**

Fund	October 29, 2025	Receipts	Expenditures	Transfers	November 26, 2025
Money Market	12,004,651.74	33,297.49		(1,165,750.84)	10,872,198.39
General	4,935,022.37	806,945.41	2,366,712.09	-	3,375,255.69
Building	564,598.30	9,382.07	145,296.40		428,683.97
Bond 15 Construction	0.33	-	-	-	0.33
Bond 2016- 2021B (Debt)	169,362.23	4,602.52	353,607.50	184,245.27	4,602.52
Bond 2015- 2015/2020 (Debt)	202,500.37	5,522.88	521,945.00	319,444.63	5,522.88
Bond 11 A/B K-8- 2021A Debt	321,077.23	6,556.91	883,950.00	562,872.77	6,556.91
Bond 11 C 9-12- 2016B Debt	112,691.83	2,129.25	211,880.00	99,188.17	2,129.25
Hot Lunch	290,689.61				290,689.61
2003 QCPUF (Env Hazards)	2.33	-	-	-	2.33
2010 QCPUF	9.76	-	-	-	9.76
2012 QCPUF	1,164.72	-	-	-	1,164.72
2013 QCPUF	1,973.51	-	-	-	1,973.51
2024 QCPUF	2,064,678.61	45,347.10	636,645.00	-	1,473,380.71
Depreciation	2,352.07	0.36			2,352.43
Total	20,670,775.01	913,783.99	5,120,035.99	0.00	16,464,523.01

2199594.15

**Fund Balances as of:
December 31, 2025**

Fund	#####	Receipts	Expenditures	Transfers	#####
Money Market	10,330,291.72			(602,878.07)	9,727,413.65
General	3,375,255.69	1,023,731.59	2,449,255.10		1,949,732.18
Building	428,683.97	3,484.41	45,758.25		386,410.13
Bond 15 Construction	0.33				0.33
Bond 2016- 2021B (Debt)	4,602.52	2,095.84			6,698.36
Bond 2015- 2015/2020 (Debt)	5,522.88	2,518.73			8,041.61
Bond 11 A/B K-8- 2021A Debt	6,556.91	4,262.71			10,819.62
Bond 11 C 9-12- 2016B Debt	2,129.25	1,383.40			3,512.65
Hot Lunch	290,689.61	58,729.88	87,697.92		261,721.57
2003 QCPUF (Env Hazards)	2.33				2.33
2010 QCPUF	9.76				9.76
2012 QCPUF	1,164.72				1,164.72
2013 QCPUF	1,973.51	11.76			1,985.27
2024 QCPUF	1,473,380.71	2,351.72	161,221.98		1,314,510.45
Depreciation	2,352.43				2,352.43
Total	15,922,616.34	1,098,570.04	2,743,933.25	(602,878.07)	13,674,375.06

2199594.15

Invoice Listing - Detail

Vendor ID: 4SEASONS	4 SEASONS FUNDRAISING	PO Number:	Invoice Number: 10104133.1	Amount:	3,786.50
Description: FUNDRAISING PRODUCTS SOLD		Invoice Date: 12/04/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46071	Check Date: 12/18/2025	CC:
<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>
05 2900 890 2 001 0320	FUNDRAISING PRODUCTS SOLD		3,786.50		N
Vendor ID: ACTIONPL	ACTION PLUMBING, HEATING & AIR CONDITIONING INC	PO Number:	Invoice Number: F-36309	Amount:	2,671.45
Description: Expansion Tank MS		Invoice Date: 11/26/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 2,671.45
Sequence: 1	Check Type: Check	Checking Account ID: 8	Check Number: 2991	Check Date: 01/06/2026	CC:
<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>
08 4700 720 0 000	Expansion Tank MS		2,671.45	2,671.45	N
Vendor ID: ADAMAX	ADAMS, MAX	PO Number:	Invoice Number: WREST 1/9	Amount:	400.00
Description: EMC DUAL WRESTLING OFFICIAL 1/9		Invoice Date: 12/29/2025	Due Date: 12/29/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46110	Check Date: 12/29/2025	CC:
<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>
05 2900 890 2 001 0116	EMC DUAL WRESTLING OFFICIAL 1/9/26		400.00		N
Vendor ID: AIRGAS	AIRGAS	PO Number:	Invoice Number: 5520007365	Amount:	331.74
Description: Rental Equipment		Invoice Date: 10/31/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73877	Check Date: 12/02/2025	CC:
<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 1100 442 2 001 1170	RENTAL OF EQUIPMENT AND VEHICLES		331.74		N
Vendor ID: ALLAMERIC	ALL AMERICAN FLAG COMPANY	PO Number:	Invoice Number: 8160	Amount:	230.20
Description: Deluxe Indoor Parade Flag Set		Invoice Date: 12/12/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73878	Check Date: 12/02/2025	CC:
<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 1100 610 2 001 1111	GENERAL SUPPLIES		190.00		N
01 1100 610 2 001 1111	Shipping and tax		40.20		N
Vendor ID: ALLO	ALLO COMMUNICATIONS	PO Number:	Invoice Number: 2307659 DE-0002	Amount:	98.70
Description: INTERNET SERVICE DEC 25		Invoice Date: 12/01/2025	Due Date: 12/04/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73971	Check Date: 12/02/2025	CC:
<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 2230 340 0 000	INTERNET SERVICE DEC 25		98.70	0.00	N
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1134D-HWD7-3GTY	Amount:	89.45
Description: LIBRARY SUPPLIES		Invoice Date: 12/11/2025	Due Date: 12/11/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45110	Check Date: 12/17/2025	CC:
<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>
05 2900 890 1 003 0805	LIBRARY SUPPLIES		89.45		N
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 11DT-CKJH-CY01	Amount:	57.98

Invoice Listing - Detail

Description: Middle School Wrestling Supplies		Invoice Date: 12/10/2025	Due Date: 12/19/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45132	Check Date: 12/16/2025	CC:
<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>
05 2900 890 2 002 0160	Middle School Wrestling Supplies		57.98		N
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 134D-HWD7-3GTY	Amount:	89.45
Description: LIBRARY SUPPLIES		Invoice Date: 12/09/2025	Due Date: 12/09/2025	Status: V	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:
<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>
05 2900 890 1 003 0805	LIBRARY SUPPLIES		89.45		N
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number: E00558	Invoice Number: 134D-HWD7-3GTY.	Amount:	21.32
Description: 3rd Grade Books		Invoice Date: 11/20/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74032	Check Date: 01/06/2026	CC:
<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 1100 610 1 003 1103	First Day Jitters book		21.32		N
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 13CD-JDKN-CLCR	Amount:	46.38
Description: SPED - MS Cassidy		Invoice Date: 12/16/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74032	Check Date: 01/06/2026	CC:
<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 1200 610 2 002 1221	SPED - MS Cassidy		46.38		N
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 13JH-7HC4-6FV1	Amount:	159.95
Description: All Weather Floor Mate Set for Ford f250		Invoice Date: 11/01/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73959	Check Date: 12/02/2025	CC:
<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 2620 610 0 000	All Weather Floor Mate Set for Ford f250		159.95		N
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 13TK-MXYX-967Y	Amount:	12.09
Description: SPED		Invoice Date: 12/03/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73985	Check Date: 01/06/2026	CC:
<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 1200 610 2 002 1221	SPED		12.09		N
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 13XW-VTHQ-MLP3	Amount:	116.59
Description: SOAP, GROW LIGHT, HOSE		Invoice Date: 11/21/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46072	Check Date: 12/18/2025	CC:
<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>
05 2900 890 2 001 0321	SOAP, GROW LIGHT, HOSE		116.59		N
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 14F7-9FP9-M93C	Amount:	211.25
Description: Office Supplies/Central Office		Invoice Date: 11/07/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73959	Check Date: 12/02/2025	CC:
<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>

Invoice Listing - Detail

01 2620 610 0 000	Paper Clips/Jumbo/Smooth/10 boxes	10.02	0.00	N
01 2620 610 0 000	Sharpie Clear View Highlighter Sticks	35.94	0.00	N
01 2620 610 0 000	Paper Mate Liquid Paper Correction Tape	21.56	0.00	N
01 2620 610 0 000	Jlab Epic Wireless Mouse/via bluetooth	32.96	0.00	N
01 2620 610 0 000	Bluetooth Number Pad for Laptop	33.99	0.00	N
01 2620 610 0 000	Amazon Basics Square Mouse Pad	4.88	0.00	N
01 2620 610 0 000	JLab Epic Wireless Keyboard, Black	54.93	0.00	N
01 2620 610 0 000	JIKIOU Mouse Pad (2 Pack)	9.98	0.00	N
01 2620 610 0 000	Shipping and Handling	6.99	0.00	N

Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 14PS-CQP1-DWQ6	Amount: 512.15
Description: Keyboard and Mouse (22) 99% pure alcohol		Invoice Date: 11/17/2025	Due Date: 12/02/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73959	Check Date: 12/02/2025
CC:				
<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 2230 734 0 000	Keyboard and Mouse (22)		486.55	N
01 2230 734 0 000	99% pure alcohol		25.60	N
				<u>Asset/Asset Tag</u>
				<u>In Full</u>

Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 14WW-KMGQ-1JR7	Amount: 37.26
Description: PHOENIX PULLEY		Invoice Date: 12/01/2025	Due Date: 12/05/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46021	Check Date: 12/05/2025
CC:				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
05 2900 890 2 001 0120	PHOENIX PULLEY		37.26	N
				<u>Asset/Asset Tag</u>
				<u>In Full</u>

Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 16JN-N76G-61J4	Amount: 76.34
Description: MUSIC MS		Invoice Date: 11/20/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73985	Check Date: 01/06/2026
CC:				
<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 1100 610 2 002 1193	MUSIC MS		76.34	N
				<u>Asset/Asset Tag</u>
				<u>In Full</u>

Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 16JN-N76G-T397	Amount: 79.00
Description: COMICA REVO WIRELESS MICROPHONE		Invoice Date: 11/21/2025	Due Date: 12/03/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45981	Check Date: 12/03/2025
CC:				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
05 2900 890 2 001 0170	COMICA REVO WIRELESS MICROPHONE		79.00	N
				<u>Asset/Asset Tag</u>
				<u>In Full</u>

Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 17HG-46JJ-GG3R	Amount: 55.41
Description: Switch, Switcher w/remote-Tech(Chris)		Invoice Date: 11/03/2025	Due Date: 12/02/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73959	Check Date: 12/02/2025
CC:				
<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 2212 734 0 000	TECHNOLOGY RELATED HARDWARE		48.42	N
01 2212 734 0 000	Shipping and Handling		6.99	N
				<u>Asset/Asset Tag</u>
				<u>In Full</u>

Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number: MS01844	Invoice Number: 17HH-W3PK-K4R9	Amount: 15.63
Description: COLD PACKS		Invoice Date: 12/02/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73985	Check Date: 01/06/2026
CC:				

Invoice Listing - Detail

<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 2130 610 2 002	McKesson Instant Cold Packs 5" x 7" [24		15.63		N	Incomplete
Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES						
Description: Vending machine lock/Purge Valve		PO Number:	Invoice Number: 17QY-CCWV-CWVY		Amount: 195.32	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Invoice Date: 11/10/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
			Check Number: 73959	Check Date: 12/02/2025	CC:	
<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 2620 431 0 000	Water Vending Mackine Lock and key		32.19		N	
01 2620 431 0 000	Purge Valve		73.41		N	
01 2620 431 0 000	Reciprocating Saw		89.72		N	
Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES						
Description: Supplies		PO Number:	Invoice Number: 196P-YD96-P93H		Amount: 64.92	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Invoice Date: 11/19/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
			Check Number: 73959	Check Date: 12/02/2025	CC:	
<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 2141 610 0 000	4 Tier Desk Organizer/Desk Organizer (2)		64.92		N	
Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES						
Description: Guidance		PO Number: E00560	Invoice Number: 19JC-YHQG-FXG4		Amount: 19.70	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Invoice Date: 12/01/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
			Check Number: 73985	Check Date: 01/06/2026	CC:	
<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 2120 610 1 003	NERDs Gummy clusters, 60 ct		19.70		N	Incomplete
Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES						
Description: SpEd Supplies		PO Number: I00449	Invoice Number: 19QF-WKDX-GDL3		Amount: 65.52	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Invoice Date: 10/28/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
			Check Number: 73959	Check Date: 12/02/2025	CC:	
<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 1200 610 1 006 1222	Safety 1st Electrical Outlet Baby Proof		3.49		N	Incomplete
01 1200 610 1 006 1222	Premium Classroom Headphones with Microp		37.97		N	Incomplete
01 1200 610 1 006 1222	240 Pcs Plastic Binder Rings, 10 Colors		9.99		N	Incomplete
01 1200 610 1 006 1222	Expo Low Odor Dry Erase Markers, Assorte		14.07		N	Incomplete
Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES						
Description: Food		PO Number:	Invoice Number: 1C43-KHL3-7KY6		Amount: 102.99	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Invoice Date: 11/23/2025	Due Date: 12/25/2025	Status: P	1099 Amount: 0.00
			Check Number: 11991	Check Date: 12/02/2025	CC:	
<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>
06 3100 630 0 000	Food		102.99		N	
Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES						
Description: 12 oz 100 pack disposable cup-MS/Kellie		PO Number: MS01827	Invoice Number: 1CMJ-HFL1-4YQ9		Amount: 39.98	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Invoice Date: 10/28/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
			Check Number: 73959	Check Date: 12/02/2025	CC:	
<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 1100 610 2 002 1107	12 oz 100 Pack Disposable Coffee Cups wi		39.98		N	Incomplete
Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES						
Description: 12 oz 100 pack disposable cup-MS/Kellie		PO Number: MS01835	Invoice Number: 1CP7-Q3PD-JAK1		Amount: 183.37	

Invoice Listing - Detail

Description: Supplies/MS-Brittany Hying		Invoice Date: 11/10/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73959	Check Date: 12/02/2025	CC:
<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 3535 890 0 000	JANCHUN Crystal Clear Epoxy Resin Kit 16		13.99		N
01 3535 890 0 000	KEYESTUDIO Micro:bit V2 Go Bundle Kit (5		108.00		N
01 3535 890 0 000	Krylon Fusion All-In-One Adhesive Spray		6.88		N
01 3535 890 0 000	Loctite Tite Foam Big Gaps Spray Foam Se		6.98		N
01 3535 890 0 000	Led Fairy Lights Battery Operated, 1 Pac		6.99		N
01 3535 890 0 000	Polycarbonate Clear Plastic Sheet 12" X		19.64		N
01 3535 890 0 000	FLORABELS 8 PCS Wet Floral Foam Blocks f		20.89		N

Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1D49-X6K6-JMWW	Amount: 78.68
Description: Supplies - WIS Kitchen		Invoice Date: 11/23/2025	Due Date: 12/23/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11991	Check Date: 12/02/2025 CC:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
06 3100 610 0 000	Supplies - WIS Kitchen		78.68	

Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1DQQ-TKKY-KVP7	Amount: 63.03
Description: Supplies WIS		Invoice Date: 12/11/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74032	Check Date: 01/06/2026 CC:
<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 2410 610 1 006	Supplies WIS		63.03	

Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1DWD-R99M-1G3H	Amount: 47.56
Description: 12OV Power Relay/J. Scurto		Invoice Date: 10/30/2025	Due Date: 12/02/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73959	Check Date: 12/02/2025 CC:
<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 2620 610 0 000	12OV Power Relay/J. Scurto		47.56	

Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number: MS01829	Invoice Number: 1DWJ-TMRQ-DJVC	Amount: 55.86
Description: Wireless Barcode Scanner/MS-Ann Vrana		Invoice Date: 11/05/2025	Due Date: 12/02/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73959	Check Date: 12/02/2025 CC:
<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 2220 610 2 002	NADAMOO Wireless Barcode Scanner with Cr		55.86	

Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number: E00554	Invoice Number: 1FFF-HKDX-GNQ1	Amount: 62.79
Description: Health Office		Invoice Date: 11/03/2025	Due Date: 12/02/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73959	Check Date: 12/02/2025 CC:
<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 2130 610 1 003	Anbesol Gel Max Strength gel		6.74	
01 2130 610 1 003	Oral-B. Glide Complete Floss Picks, 75 c		2.50	
01 2130 610 1 003	Upgraded All-in-One Magnetic Eyeglass Re		6.99	
01 2130 610 1 003	Amazon Ziplocks, pk of 200		12.44	
01 2130 610 1 003	American White Cross Bandages 1500		34.12	

Invoice Listing - Detail

Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number: HS01721	Invoice Number: 1H6V-TR4C-44FT	Amount: 318.37
Description: Office Supplies		Invoice Date: 11/12/2025	Due Date: 12/02/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73959	Check Date: 12/02/2025 CC:
<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 1100 610 2 001 1111	Officemate Push Pins in Reusable Box, Cl		2.57	N Incomplete
01 1100 610 2 001 1111	Scotch Magic Greener Tape, 10 Rolls, Num		16.88	N Incomplete
01 1100 610 2 001 1111	Elmer's All Purpose School Glue Sticks,		8.92	N Incomplete
01 1100 610 2 001 1111	Scotch Heavy Duty Shipping Packing Tape,		13.88	N Incomplete
01 1100 610 2 001 1111	Pilot G2 Premium Gel Pen Convenience Pac		38.33	N Incomplete
01 1100 610 2 001 1111	Pilot G2 Premium Gel Pens, Black Pens, B		49.97	N Incomplete
01 1100 610 2 001 1111	6 Pack Dry Erase Eraser Magnetic Whitebo		15.98	N Incomplete
01 1100 610 2 001 1111	EXPO Dry Erase Markers, Low Odor Ink, Bl		24.46	N Incomplete
01 1100 610 2 001 1111	EXPO Dry Erase Markers, Low Odor Ink, As		30.41	N Incomplete
01 1100 610 2 001 1111	White Cloud Ultra Soft 3-Ply Facial Tiss		116.97	N Incomplete
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1HGQ-G9P9-FRPT	Amount: 7.49
Description: LocknLock Aqua Fridge Door water jug		Invoice Date: 11/17/2025	Due Date: 12/02/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73959	Check Date: 12/02/2025 CC:
<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 1200 610 2 002 1222	LocknLock Aqua Fridge Door water jug		7.49	N
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number: MS01833	Invoice Number: 1HJD-L167-CDCL	Amount: 12.00
Description: Plka Dot Black/White Fabric		Invoice Date: 11/18/2025	Due Date: 12/02/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73959	Check Date: 12/02/2025 CC:
<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 1100 610 2 002 1174	Premier Prints Polka Dot Black/White, Fa		12.00	N Incomplete
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1HJL-QY6P-4TMN	Amount: 277.95
Description: FFE2526 - CTE Dwight Malcolm		Invoice Date: 12/19/2025	Due Date: 12/19/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45143	Check Date: 12/23/2025 CC:
<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>
05 2900 890 0 000 0965	CTE Classroom Grant		277.95	N
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1HQD-1DF3-CPC7	Amount: 802.32
Description: Transmission Jack/Ludwig Clamp-Transport		Invoice Date: 11/06/2025	Due Date: 12/02/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73959	Check Date: 12/02/2025 CC:
<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 2710 610 0 000	Hudraulic Transmission Jack		755.42	N
01 2710 610 0 000	Performance Ludwig Clamp (4 pack) qty 5		46.90	N
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1HQD-1DF3-WX33	Amount: 195.00
Description: Pump for American Lincoln 35 psi		Invoice Date: 11/08/2025	Due Date: 12/02/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73959	Check Date: 12/02/2025 CC:
<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>

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01 2620 431 2 002 Pump for American Lincoln 35 psi 195.00 N

Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES PO Number: I00456 Invoice Number: 1J1G-4JV7-LJ31 Amount: 82.98
 Description: 4th Grade Supplies Invoice Date: 12/11/2025 Due Date: 01/06/2026 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 74032 Check Date: 01/06/2026 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 1100 610 1 006 1104 Kingrol 30 Pk 3.15" Clear Plastic Fillab 82.98 N Incomplete

Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES PO Number: Invoice Number: 1J67-TC4H-7QR4 Amount: 82.44
 Description: Supplies MS Invoice Date: 12/08/2025 Due Date: 01/06/2026 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 74032 Check Date: 01/06/2026 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 1100 610 2 002 1111 Supplies MS 82.44 N

Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES PO Number: E00560 Invoice Number: 1J91-YD61-T17P Amount: 361.33
 Description: Guidance Invoice Date: 11/26/2026 Due Date: 01/06/2026 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 73985 Check Date: 01/06/2026 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 2120 610 1 003 Marvalus Tape 1" x324" 4 PK Red 29.88 N Incomplete
 01 2120 610 1 003 Airheads Candy Asst'd 3 lbs 22.53 N Incomplete
 01 2120 610 1 003 CHENGU 16 pcs Fidget toys 8 rollers, 8 k 23.98 N Incomplete
 01 2120 610 1 003 BIC Xtra Smooth Mechanical Pencil. .7mm 23.94 N Incomplete
 01 2120 610 1 003 Zones of Regulation Posters 17.01 N Incomplete
 01 2120 610 1 003 Dum Dum Lollipops 200 ct 27.25 N Incomplete
 01 2120 610 1 003 8 pcs sensory fidget stretchy 27.96 N Incomplete
 01 2120 610 1 003 12 pc Lip Gloss Necklace 29.68 N Incomplete
 01 2120 610 1 003 Ayfjovs 20 pcs 5 pcs bouncy balls 8.99 N Incomplete
 01 2120 610 1 003 Goldfish 9 ct tray, 0.9 oz 12.40 N Incomplete
 01 2120 610 1 003 Ticonderoga Noir Black Wood #2 pencils, 13.42 N Incomplete
 01 2120 610 1 003 Fidget Toys Sensory Rings, 12 pk finger 9.35 N Incomplete
 01 2120 610 1 003 Bright Creations 12 pk Small storage bin 18.24 N Incomplete
 01 2120 610 1 003 Color transparent plastic rulers 12 in 15.12 N Incomplete
 01 2120 610 1 003 ArtCreativity 3D pk of 2, lg & sm 25.47 N Incomplete
 01 2120 610 1 003 Pencil Erasers 128 pcs 6 assorted 5.89 N Incomplete
 01 2120 610 1 003 Oreo Mini Mix 20 pks 18.68 N Incomplete
 01 2120 610 1 003 Jolly Ranchers 2 lb bag 14.95 N Incomplete
 01 2120 610 1 003 22 pcs Growth Mindset banner/posters 9.99 N Incomplete
 01 2120 610 1 003 Shipping 6.60 N

Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES PO Number: HS01731 Invoice Number: 1JCH-6LP4-J7FN Amount: 213.16
 Description: PE Supplies Invoice Date: 12/16/2025 Due Date: 01/06/2026 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 74032 Check Date: 01/06/2026 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 1100 610 2 001 1168 Gibson Athletic Gymnastic Powder Chalk B 14.19 N Incomplete

Invoice Listing - Detail

01 1100 610 2 001 1168	DRAPER'S STRENGTH Heavy Duty Resistance	159.50	N	Incomplete
01 1100 610 2 001 1168	UNIWA Electronic Whistle, 4 Pack Handhel	30.99	N	Incomplete
01 1100 610 2 001 1168	Shipping and handling	8.48	N	

Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1JCJ-QXTV-CCJ4	Amount: 150.00
Description: 3/4" NPT Automatic shut-off		Invoice Date: 11/17/2025	Due Date: 12/02/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73959	Check Date: 12/02/2025
<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 2710 610 0 000	3/4" NPT Automatic shut-off		150.00	N

Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number: I00454	Invoice Number: 1KH6-KXQT-HCL6	Amount: 105.45
Description: 4th Grade Supplies		Invoice Date: 12/15/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74032	Check Date: 01/06/2026
<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 1100 610 1 006 1104	Hammermill White Cardstock, 8.5 x 11		48.50	N
01 1100 610 1 006 1104	Ceiba Tree Christmas Pencils and Top Era		56.95	N

Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1KLH-TWMQ-76QN	Amount: 35.92
Description: Supplies Hlth MS		Invoice Date: 12/08/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74032	Check Date: 01/06/2026
<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 2130 610 2 002	Supplies Hlth MS		35.92	N

Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1KYD-PQCX-4XMJ	Amount: 215.56
Description: SUPPLIES/TRANSPOTATION-TONY		Invoice Date: 11/10/2025	Due Date: 12/02/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73959	Check Date: 12/02/2025
<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 2710 610 0 000	Rod End Kits (5)		94.95	N
01 2710 610 0 000	Iron Forge Cable, 10 Foot ext. cord(4)		86.64	N
01 2710 610 0 000	Window Markers, Jumbo Chalk Markers		24.59	N
01 2710 610 0 000	Uxcell Thread Milling Threading Tap 3/8"		9.38	N

Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number: MS01834	Invoice Number: 1LCV-MP7L-6VXH	Amount: 176.85
Description: MS01834-Molly Vodicka		Invoice Date: 11/06/2025	Due Date: 12/02/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73959	Check Date: 12/02/2025
<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 1200 610 2 002 1222	ASAKUKI Essential Oil Diffuser 500ml, UI		21.99	N
01 1200 610 2 002 1222	MedPride Powder-Free Nitrile Exam Gloves		79.99	N
01 1200 610 2 002 1222	Trident Sugar-Free Chewing Gum Variety P		23.08	N
01 1200 610 2 002 1222	Cookie Scoop Set		9.99	N
01 1200 610 2 002 1222	Delog Shower Chair for Inside Shower		27.49	N
01 1200 610 2 002 1222	Amazon Basics Disinfecting Wipes, Lemon		14.31	N

Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1LRT-3XGX-KV97	Amount: 49.98
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Invoice Listing - Detail

Description: Color Voice Recording Button, Dog Button	Invoice Date: 11/14/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1 Check Type: Check Checking Account ID: 1	Check Number: 73959	Check Date: 12/02/2025	CC:	
<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 1200 610 1 003 1221 Color Voice Recording Button, Dog Button		49.98		N
Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1MCQ-H17V-W4WL	Amount:	1,716.65
Description: FFE2526 - CTE Dwight Malcolm	Invoice Date: 12/19/2025	Due Date: 12/19/2025	Status: P	1099 Amount: 0.00
Sequence: 1 Check Type: Check Checking Account ID: 2	Check Number: 45143	Check Date: 12/23/2025	CC:	
<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>
05 2900 890 0 000 0965 FFE2526 - CTE Dwight Malcolm		1,716.65		N
Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES	PO Number: I00450	Invoice Number: 1ML6-MGT6-WYVG	Amount:	128.45
Description: WIS Supplies	Invoice Date: 10/29/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1 Check Type: Check Checking Account ID: 1	Check Number: 73959	Check Date: 12/02/2025	CC:	
<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 1100 610 1 006 1111 PACON - 63000 Rainbow Lightweight Kraft		66.43		N Incomplete
01 1100 610 1 006 1111 Rainbow Colored Kraft Paper - 3" x 1000		62.02		N Incomplete
Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1NKK-MDRX-GYVJ	Amount:	63.66
Description: COPY PAPER HS	Invoice Date: 12/02/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1 Check Type: Check Checking Account ID: 1	Check Number: 73985	Check Date: 01/06/2026	CC:	
<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 2220 610 2 001 COPY PAPER HS		63.66		N
Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1P1G-6W6M-JV61	Amount:	106.16
Description: Games - Vocal - O'Neill MS	Invoice Date: 12/10/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1 Check Type: Check Checking Account ID: 1	Check Number: 74032	Check Date: 01/06/2026	CC:	
<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 1100 610 2 002 1193 Games - Vocal - O'Neill MS		106.16		N
Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1PY7-KQD6-6771	Amount:	193.70
Description: PENS/PENCILS, CLIPBOARDS, STOPWATCHES	Invoice Date: 12/22/2025	Due Date: 12/29/2025	Status: P	1099 Amount: 0.00
Sequence: 1 Check Type: Check Checking Account ID: 2	Check Number: 46111	Check Date: 12/29/2025	CC:	
<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>
05 2900 890 2 001 0213 PENS/PENCILS, CLIPBOARDS, STOPWATCHER		193.70		N
Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1PYJ-43GG-CTPX	Amount:	128.01
Description: SUPPLIES FOR STAFF HOT CHOCOLATE BAR	Invoice Date: 12/23/2025	Due Date: 12/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1 Check Type: Check Checking Account ID: 2	Check Number: 45139	Check Date: 12/23/2025	CC:	
<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>
05 2900 890 2 002 0530 SUPPLIES FOR STAFF HOT CHOCOLATE BAR		128.01		N
Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1Q7T-RK9L-6MCV	Amount:	33.46
Description: Pre-slit tubular fiberglass Cover	Invoice Date: 11/04/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00

Invoice Listing - Detail

Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 73959 Check Date: 12/02/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 2620 610 0 000 Pre-slit tubular fiberglass Cover(2) 33.46 N

Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES PO Number: Invoice Number: 1Q9X-HDC1-4NMF Amount: 47.20
 Description: Supplies - Media - VranaMS Invoice Date: 11/25/2025 Due Date: 01/06/2026 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 74032 Check Date: 01/06/2026 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 2220 640 2 002 Supplies - Media - VranaMS 31.51 N
 01 2220 610 2 002 Books 15.69 N

Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES PO Number: Invoice Number: 1QLR-VG4Y-DYT3 Amount: 100.90
 Description: SUPPLIES FOR VIKING FUEL Invoice Date: 12/18/2025 Due Date: 12/18/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 2 Check Number: 45139 Check Date: 12/23/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 2 002 0565 SUPPLIES FOR VIKING FUEL 100.90 N

Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES PO Number: E00559 Invoice Number: 1QPG-H96W-MKGX Amount: 72.99
 Description: Roof Dome Invoice Date: 11/19/2025 Due Date: 01/06/2026 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 73985 Check Date: 01/06/2026 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 1100 610 1 003 1111 JP2190-CI-SOME-Cast Iron Dome 72.99 N Incomplete

Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES PO Number: Invoice Number: 1QQ3-XVFN-7V4H Amount: 28.99
 Description: Sharpie Permanent Marker Fine Point Invoice Date: 11/17/2025 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 73959 Check Date: 12/02/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 1100 610 2 001 1111 Sharpie Permanent Marker Fine Point 28.99 N

Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES PO Number: MS01833 Invoice Number: 1RWG-43CN-WJP6 Amount: 178.32
 Description: Supplies/MS-Audrey Foster Invoice Date: 11/15/2025 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 73959 Check Date: 12/02/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 1100 610 2 002 1174 Ice Fabrics Cotton Polyester Broadcloth 17.70 N Incomplete
 01 1100 610 2 002 1174 Ice Fabrics Cotton Polyester Broadcloth 39.79 N Incomplete
 01 1100 610 2 002 1174 Coats & Clark Dual Duty All Purpose Thre 27.60 N Incomplete
 01 1100 610 2 002 1174 Coats & Clark Dual Duty All Purpose Thre 28.38 N Incomplete
 01 1100 610 2 002 1174 CHRORINE 25 Pcs Assorted Color Felt Fabr 20.97 N Incomplete
 01 1100 610 2 002 1174 Tatuo 80 Pieces 6" x 6" Christmas Buffal 18.99 N Incomplete
 01 1100 610 2 002 1174 Whaline 60Pcs Flower Cotton Fabric Bundl 24.89 N Incomplete

Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES PO Number: I00455 Invoice Number: 1T4N-V3KN-HNXP Amount: 18.99
 Description: 4th Grade Supplies Invoice Date: 12/15/2025 Due Date: 01/06/2026 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 74032 Check Date: 01/06/2026 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

Invoice Listing - Detail

01 1100 610 1 006 1104	49.2' Christmas Fauz Fur Ribbon Lime Gre	18.99	N	Incomplete
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1TKV-VJMM-L9VF	Amount: 104.71
Description: SPED		Invoice Date: 11/19/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73985	Check Date: 01/06/2026 CC:
<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 1200 610 2 002 1221	SPED		104.71	N
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1TYL-V4FD-MRRJ	Amount: 181.01
Description: Supplies HAL - MS		Invoice Date: 12/11/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74032	Check Date: 01/06/2026 CC:
<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 3535 890 0 000	Supplies HAL - MS		181.01	N
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1vgg-tkxl-3919	Amount: 35.49
Description: sidewalk chalk/Dacia Peters/Hamlow		Invoice Date: 11/13/2025	Due Date: 12/02/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73959	Check Date: 12/02/2025 CC:
<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 1100 610 1 004 1111	280PCS Sidewalk Chalk		35.49	N
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1VQJ-33H6-DX9C	Amount: 208.91
Description: Games - Hamlow Wynn		Invoice Date: 12/09/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74032	Check Date: 01/06/2026 CC:
<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 2120 610 1 004	Games - Hamlow Wynn		208.91	N
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1W3F-DR7M-CWQN	Amount: 113.96
Description: Supplies/Bus Barn		Invoice Date: 11/17/2025	Due Date: 12/02/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73959	Check Date: 12/02/2025 CC:
<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 2710 610 0 000	Desk Tape Dispenser		19.99	N
01 2710 610 0 000	Ultrasonic Repeller & Insect Door		29.99	N
01 2710 610 0 000	16 sqft sound deadener for car(2)		63.98	N
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1WW7-GLCP-6NQG	Amount: 31.68
Description: Single Monitor Mount, Monitor Arm		Invoice Date: 11/17/2025	Due Date: 12/02/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73959	Check Date: 12/02/2025 CC:
<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 2212 734 0 000	Single Monitor Mount, Monitor Arm		24.69	N
01 2212 734 0 000	Shipping and Handling		6.99	N
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1WXJ-MF9K-C9JQ	Amount: 74.72
Description: Supplies-SPED		Invoice Date: 11/06/2025	Due Date: 12/02/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73959	Check Date: 12/02/2025 CC:
<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>

Invoice Listing - Detail

01 2141 610 0 000	Tool box, wrkshts & exercises for trauma	24.49	N
01 2141 610 0 000	Social Skills and Therapy Games	35.00	N
01 2141 610 0 000	Workbook for kids, exercises and activ.	8.24	N
01 2141 610 0 000	Shipping and Handling	6.99	N

Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES PO Number: E00556 Invoice Number: 1WXJ-MF9K-JQV1 Amount: 77.23

Description: SPED, 1st grade, office
 Invoice Date: 11/07/2025 Due Date: 01/06/2026 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 74032 Check Date: 01/06/2026 CC:

<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 2410 610 1 003	Pringles 27 ct		10.58		N	Incomplete
01 2410 610 1 003	Oreo 20 pk		9.86		N	Incomplete
01 1200 610 1 003 1221	Safety 1st Electrical Outlet covers		3.49		N	Incomplete
01 1100 610 1 003 1101	V-Oritos Jumbo #2 HB Pencils, 14 pk		9.97		N	Incomplete
01 1100 610 1 003 1101	Pendaflex Hanging File Folders, 25 ct		10.06		N	Incomplete
01 1200 610 1 003 1221	Amazon Basics, AAA 100 ct		22.78		N	Incomplete
01 1100 610 1 003 1111	Amazon Basics, AAA 36 ct		10.49		N	Incomplete

Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES PO Number: E00556 Invoice Number: 1WXJ-MF9K-JQXV Amount: 77.23

Description: SPED, 1st grade, office
 Invoice Date: 11/07/2025 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 73959 Check Date: 12/02/2025 CC:

<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 2410 610 1 003	Pringles 27 ct		10.58		N	Incomplete
01 2410 610 1 003	Oreo 20 pk		9.86		N	Incomplete
01 1200 610 1 003 1221	Safety 1st Electrical Outlet covers		3.49		N	Incomplete
01 1100 610 1 003 1101	V-Oritos Jumbo #2 HB Pencils, 14 pk		9.97		N	Incomplete
01 1100 610 1 003 1101	Pendaflex Hanging File Folders, 25 ct		10.06		N	Incomplete
01 1200 610 1 003 1221	Amazon Basics, AAA 100 ct		22.78		N	Incomplete
01 1100 610 1 003 1111	Amazon Basics, AAA 36 ct		10.49		N	Incomplete

Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES PO Number: MS01831 Invoice Number: 1WYK-PJVWP61TG Amount: 42.71

Description:
 Invoice Date: 11/06/2025 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 73959 Check Date: 12/02/2025 CC:

<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 1100 610 2 002 1108	Oxford Blank Write On Binder Dividers, 1		21.72		N	Incomplete
01 1100 610 2 002 1108	Binder Dividers with Tabs - (Set of 20)		20.99		N	Incomplete

Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES PO Number: MS01844 Invoice Number: 1X1G-RDV4-9WYV Amount: 71.66

Description: COLD/HOT COMPRESS, COTTON BALLS
 Invoice Date: 11/30/2025 Due Date: 01/06/2026 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 73985 Check Date: 01/06/2026 CC:

<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 2130 610 2 002	Amazon Basics Cotton Balls for Skincare,		5.36		N	Incomplete
01 2130 610 2 002	McKesson Cold and Hot Compress Reusable		59.94		N	Incomplete
01 2130 610 2 002	SurgiMac Sterile Water for Irrigation Po		6.36		N	Incomplete

Invoice Listing - Detail

Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1XHT-G76W-6LR4	Amount:	197.36
Description: Supplies - Kitchen		Invoice Date: 11/23/2025	Due Date: 12/25/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11991	Check Date: 12/02/2025	CC:
<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>
06 3100 610 0 000	Supplies - Kitchen		197.36		N
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number: E00555	Invoice Number: 1XHT-G76W-C3TC	Amount:	113.97
Description: Atomic Clocks/Eagle Elementary		Invoice Date: 11/04/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73959	Check Date: 12/02/2025	CC:
<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 1100 610 1 003 1111	LaCrosse Atomic Clock 14 in		113.97		N
					Incomplete
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1XPH-TTPG-7VMR	Amount:	60.01
Description: SPED		Invoice Date: 11/12/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73985	Check Date: 01/06/2026	CC:
<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 1200 610 2 002 1221	SPED		60.01		N
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1XYD-6PK1-631M	Amount:	515.98
Description: Woodshop - Malcolm - MS		Invoice Date: 11/25/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74032	Check Date: 01/06/2026	CC:
<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 1100 610 2 002 1170	Woodshop - Malcolm - MS		515.98		N
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1XYX-9XNM-3RTL	Amount:	199.98
Description: HELSEVESEN DIGITAL SCALE		Invoice Date: 11/20/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45981	Check Date: 12/03/2025	CC:
<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>
05 2900 890 2 001 0119	HELSEVESEN DIGITAL SCALE		199.98		N
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1Y3F-W4M9-VLK3	Amount:	160.07
Description: BATTERIES, DUMBBELLS		Invoice Date: 11/21/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46072	Check Date: 12/18/2025	CC:
<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>
05 2900 890 2 001 0120	BATTERIES, DUMBBELLS		160.07		N
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number:	Invoice Number: 1Y7Q-G3T3-4X69	Amount:	86.48
Description: Supplies - Malcolm - MS		Invoice Date: 11/25/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74032	Check Date: 01/06/2026	CC:
<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 1100 610 2 002 1169	Supplies - Malcolm - MS		86.48		N
Vendor ID: AMAZON1	AMAZON CAPITAL SERVICES	PO Number: HS01720	Invoice Number: 20251119	Amount:	28.98
Description: PE Supplies		Invoice Date: 11/19/2025	Due Date: 11/19/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73959	Check Date: 12/02/2025	CC:

Invoice Listing - Detail

<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 1100 610 2 001 1168	XLR Cable 40 Feet, 22AWG, Zinc Alloy She		21.99		N	Incomplete
01 1100 610 2 001 1168	Shipping		6.99		N	

Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES PO Number: HS01719 Invoice Number: 20251119-0001 Amount: 375.87

Description: PE Supplies/HS-Eric Dolezal
Invoice Date: 11/19/2025 Due Date: 11/19/2025 Status: P 1099 Amount: 0.00
Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 73959 Check Date: 12/02/2025 CC:

<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 1100 610 2 001 1168	EAGLES LED Badminton Shuttlecocks - 5 or		9.99		N	Incomplete
01 1100 610 2 001 1168	Olgeo Electric Ball Pump, 16PSI Portable		34.24		N	Incomplete
01 1100 610 2 001 1168	MAPOL 100 Counts 3-Star Orange Practice		23.71		N	Incomplete
01 1100 610 2 001 1168	Champion Sports 3 Star Indoor Official S		69.94		N	Incomplete
01 1100 610 2 001 1168	Franklin Sports Grip-Rite 100 Rubber Jun		33.16		N	Incomplete
01 1100 610 2 001 1168	Champion Sports Rhino Skin Dodgeball Set		197.84		N	Incomplete
01 1100 610 2 001 1168	Shipping and Handling		6.99		N	

Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES PO Number: HS01715 Invoice Number: HS01715 Amount: 233.08

Description: Veteran's Day Supplies/HS
Invoice Date: 10/09/2025 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 73959 Check Date: 12/02/2025 CC:

<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 1100 610 2 001 1111	Grand Old Patriotic American Flag 4th of		57.98		N	Incomplete
01 1100 610 2 001 1111	URATOT 60 Pieces 4th of July 9 Ounce Dis		31.98		N	Incomplete
01 1100 610 2 001 1111	TANG SONG 100PCS American Flag Waving La		52.23		N	Incomplete
01 1100 610 2 001 1111	Whaline 180Pcs Patriotic Name Tag Sticke		19.98		N	Incomplete
01 1100 610 2 001 1111	Patriotic Party Supplies 4th of JULY pap		35.96		N	Incomplete
01 1100 610 2 001 1111	COCHIE 6 Inch Labor Day Decorations Wood		9.99		N	Incomplete
01 1100 610 2 001 1111	Blulu 6 Pieces Labor Day Decorations Woo		12.99		N	Incomplete
01 1100 610 2 001 1111	UOUYOO Patriotic Star Streamers Banner G		11.97		N	Incomplete

Vendor ID: AMAZON1 AMAZON CAPITAL SERVICES PO Number: Invoice Number: V*134D-HWD7-3GTY Amount: (89.45)

Description: LIBRARY SUPPLIES
Invoice Date: 12/14/2025 Due Date: 12/09/2025 Status: V 1099 Amount: 0.00
Sequence: 1 Check Type: Checking Account ID: Check Number: Check Date: CC:

<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>
05 2900 890 1 003 0805	LIBRARY SUPPLIES		(89.45)		N	

Vendor ID: AMERICANSO AMERICAN SOLUTIONS FOR BUSINESS PO Number: Invoice Number: 08433148 Amount: 133.82

Description: Supplies-Banner
Invoice Date: 12/31/2025 Due Date: 12/14/2025 Status: P 1099 Amount: 0.00
Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 73879 Check Date: 12/02/2025 CC:

<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 2570 610 0 000	Banner		86.56		N	
01 2570 610 0 000	Artwork for Banner		30.00		N	
01 2570 610 0 000	Freight		17.26		N	

Vendor ID: AMERICANSO AMERICAN SOLUTIONS FOR BUSINESS PO Number: Invoice Number: INV08577099 Amount: 621.50

Invoice Listing - Detail

Description: FLEECE BLANKETS		Invoice Date: 12/05/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 300157	Check Date: 12/12/2025	CC:
<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>
05 2900 890 2 001 0180	FLEECE BLANKETS		621.50		N
Vendor ID: AMIHEF	AMI HEFFELFINGER-MARX	PO Number:	Invoice Number: 11/25/25	PsychoTherap	Amount: 4,703.44
Description: Psycho Therapy		Invoice Date: 12/25/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 4,703.44
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73960	Check Date: 12/02/2025	CC:
<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 1200 320 0 000 1215	Psycho Therapy		4,672.00	4,672.00	N
01 1200 334 2 000 1215	Psycho Therapy		31.44	31.44	N
Vendor ID: AMOAVA	AMOS, AVA	PO Number:	Invoice Number: EVENT WK		Amount: 36.00
Description: EVENT WORKER PAY 10/19 - 11/22		Invoice Date: 12/02/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45982	Check Date: 12/03/2025	CC:
<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>
05 2900 890 2 001 0114	EVENT WORKER PAY 10/19 - 11/22		36.00		N
Vendor ID: ARTFX	ART F/X	PO Number:	Invoice Number: 278827		Amount: 295.00
Description: STUDENT COUNCIL T-SHIRTS		Invoice Date: 12/11/2025	Due Date: 12/11/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45111	Check Date: 12/17/2025	CC:
<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>
05 2900 890 1 006 0865	STUDENT COUNCIL T-SHIRTS		295.00		N
Vendor ID: ASHLANDL	ASHLAND LETTUCE CO	PO Number:	Invoice Number: 1352		Amount: 279.48
Description: Lettuce HS MS		Invoice Date: 10/23/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12027	Check Date: 01/06/2026	CC:
<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>
06 3100 630 0 000	Lettuce HS MS		279.48		N
Vendor ID: AUSTINC	AUSTIN COUFAL	PO Number:	Invoice Number: EMC WREST 1/9		Amount: 400.00
Description: EMC DUAL WRESTLING OFFICIAL 1/9/26		Invoice Date: 12/29/2025	Due Date: 12/29/2025	Status: P	1099 Amount: 400.00
Sequence: 2	Check Type: Check	Checking Account ID: 2	Check Number: 46113	Check Date: 12/29/2025	CC:
<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>
05 2900 890 2 001 0116	EMC DUAL WRESTLING OFFICIAL 1/9/26		400.00	400.00	N
Vendor ID: AUSTINC	AUSTIN COUFAL	PO Number:	Invoice Number: WREST 1/10		Amount: 275.00
Description: WRESTLING OFFICIAL 1/10/26		Invoice Date: 12/29/2025	Due Date: 12/29/2025	Status: P	1099 Amount: 275.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46112	Check Date: 12/29/2025	CC:
<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>
05 2900 890 2 001 0116	WRESTLING OFFICIAL 1/10/26		275.00	275.00	N
Vendor ID: AWARDS	AWARDS UNLIMITED	PO Number:	Invoice Number: 317835		Amount: 834.60
Description: FALL AWARDS		Invoice Date: 08/15/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46036	Check Date: 12/12/2025	CC:

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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>
05 2900 890 2 001 0153	FALL AWARDS		834.60		N	
Vendor ID: AWARDS AWARDS UNLIMITED		PO Number:	Invoice Number: 324539		Amount:	38.50
Description: STATE FOOTBALL CHAMPIONSIP TROPHY ENGRAV		Invoice Date: 12/02/2025	Due Date: 12/05/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46022	Check Date: 12/05/2025	CC:	
<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>
05 2900 890 2 001 0153	STATE FOOTBALL CHAMPIONSHIP ENGRAV		38.50		N	
Vendor ID: AWARDS AWARDS UNLIMITED		PO Number:	Invoice Number: 324554		Amount:	150.00
Description: STATE FB CHAMPIONSHIP MEDALS - EXTRA		Invoice Date: 12/03/2025	Due Date: 12/05/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46022	Check Date: 12/05/2025	CC:	
<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>
05 2900 890 2 001 0153	STATE FB CHAMPIONSHIP MEDALS - TXTRA		150.00		N	
Vendor ID: BARSHA BARNES, SHAWN		PO Number:	Invoice Number: BB 12/4		Amount:	90.00
Description: 7TH GRADE BB 12/4		Invoice Date: 12/04/2025	Due Date: 12/05/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46023	Check Date: 12/05/2025	CC:	
<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>
05 2900 890 2 001 0116	7TH GRADE BB 12/4		90.00		N	
Vendor ID: BEATRI BEATRICE HIGH SCHOOL		PO Number:	Invoice Number: WREST 1/9		Amount:	200.00
Description: GIRLS WRESTLING INVITE 1/9		Invoice Date: 12/16/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46073	Check Date: 12/18/2025	CC:	
<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>
05 2900 890 2 001 0117	GIRLS WERSTLING INVITE 1/9		200.00		N	
Vendor ID: BEELUK BEERBOHM, LUKE		PO Number:	Invoice Number: GBB 12/22		Amount:	65.00
Description: 9TH GBB 12/22		Invoice Date: 12/11/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 65.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46037	Check Date: 12/12/2025	CC:	
<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>
05 2900 890 2 001 0116	9TH GBB 12/22		65.00	65.00	N	
Vendor ID: BENNING BENNINGTON HIGH SCHOOL		PO Number:	Invoice Number: MS GIRL WREST 12/12		Amount:	100.00
Description: MS GIRLS WRESTLING INVITE 12/12		Invoice Date: 12/08/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46038	Check Date: 12/12/2025	CC:	
<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>
05 2900 890 2 001 0117	MS GIRLS WRESTLING INVITE 12/12		100.00		N	
Vendor ID: BLUECR BLUE CROSS BLUE SHIELD		PO Number:	Invoice Number: Dec 25 HL		Amount:	6,763.58
Description: Dec25 HL Hlth Ins		Invoice Date: 12/01/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12025	Check Date: 12/29/2025	CC:	
<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>
06 3100 286 0 000	Dec25 HL Hlth Ins		2,362.38		N	

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06 3100 280 1 003	Dec25 HL Hlth Ins	880.24	N
06 3100 280 1 004	Dec25 HL Hlth Ins	880.24	N
06 3100 280 1 006	Dec25 HL Hlth Ins	880.24	N
06 3100 280 2 001	Dec25 HL Hlth Ins	880.24	N
06 3100 280 2 002	Dec25 HL Hlth Ins	880.24	N

Vendor ID: BLUECR BLUE CROSS BLUE SHIELD PO Number: Invoice Number: Dec25 Amount: 351,989.30

Description: Health Benefits Dec25 Invoice Date: 12/01/2025 Due Date: 01/06/2026 Status: P 1099 Amount: 0.00

Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 74085 Check Date: 12/29/2025 CC:

<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 1100 281 1 003 1100	Health Benefits Dec25		3,616.20		N	
01 1100 281 1 004 1100	Health Benefits Dec25		8,252.14		N	
01 1100 281 1 003 1101	Health Benefits Dec25		3,209.00		N	
01 1100 281 1 004 1101	Health Benefits Dec25		7,429.45		N	
01 1100 281 1 003 1102	Health Benefits Dec25		4,609.10		N	
01 1100 281 1 004 1102	Health Benefits Dec25		11,258.56		N	
01 1100 281 1 003 1103	Health Benefits Dec25		4,640.88		N	
01 1100 281 1 006 1103	Health Benefits Dec25		8,797.40		N	
01 1100 281 1 003 1104	Health Benefits Dec25		837.82	0.00	N	
01 1100 281 1 006 1104	Health Benefits Dec25		10,032.73		N	
01 1100 281 1 003 1105	Health Benefits Dec25		3,865.95		N	
01 1100 281 1 006 1105	Health Benefits Dec25		6,533.58		N	
01 1100 281 2 002 1106	Health Benefits Dec25		13,235.96		N	
01 1100 281 2 002 1107	Health Benefits Dec25		13,613.95		N	
01 1100 281 2 002 1108	Health Benefits Dec25		14,425.34		N	
01 1100 281 2 001 1110	Health Benefits Dec25		5,658.05		N	
01 1100 281 2 001 1114	Health Benefits Dec25		783.55		N	
01 1100 281 2 001 1124	Health Benefits Dec25		4,905.97	0.00	N	
01 1100 281 2 001 1130	Health Benefits Dec25		6,453.97		N	
01 1100 281 2 001 1140	Health Benefits Dec25		11,136.38		N	
01 1150 281 1 004	Health Benefits Dec25		1,152.28		N	
01 1100 281 2 001 1153	Health Benefits Dec25		7,141.72	0.00	N	
01 1100 281 2 001 1155	Health Benefits Dec25		723.58		N	
01 1160 281 1 003	Health Benefits Dec25		5,167.70		N	
01 1160 281 1 004	Health Benefits Dec25		1,152.27		N	
01 1100 281 1 003 1168	Health Benefits Dec25		1,311.65		N	
01 1100 281 1 004 1168	Health Benefits Dec25		991.27		N	
01 1100 281 1 006 1168	Health Benefits Dec25		991.26		N	
01 1100 281 2 001 1168	Health Benefits Dec25		4,688.68		N	
01 1100 281 2 002 1168	Health Benefits Dec25		3,386.24		N	
01 1100 281 1 004 1169	Health Benefits Dec25		991.27		N	
01 1100 281 1 006 1169	Health Benefits Dec25		991.26		N	
01 1100 281 2 001 1169	Health Benefits Dec25		1,960.78		N	

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01 1100 281 2 002 1169	Health Benefits Dec25	1,501.84	N
01 1100 281 2 001 1170	Health Benefits Dec25	3,706.93	N
01 1100 281 2 002 1170	Health Benefits Dec25	2,304.55	N
01 1100 281 2 001 1172	Health Benefits Dec25	1,232.22	N
01 1100 281 2 002 1172	Health Benefits Dec25	252.38	N
01 1100 281 2 001 1174	Health Benefits Dec25	4,380.99	N
01 1100 281 2 002 1174	Health Benefits Dec25	723.58	N
01 1100 281 2 001 1176	Health Benefits Dec25	5,947.66	N
01 1100 281 2 002 1176	Health Benefits Dec25	1,982.53	N
01 1100 281 1 003 1190	Health Benefits Dec25	723.58	N
01 1100 281 1 004 1190	Health Benefits Dec25	862.20	N
01 1100 281 1 006 1190	Health Benefits Dec25	862.20	N
01 1100 281 2 001 1190	Health Benefits Dec25	723.58	N
01 1100 281 2 002 1190	Health Benefits Dec25	1,982.53	N
01 1100 281 1 003 1193	Health Benefits Dec25	1,935.82	N
01 1100 281 1 004 1193	Health Benefits Dec25	1,152.28	N
01 1100 281 1 006 1193	Health Benefits Dec25	1,152.27	N
01 1100 281 2 001 1193	Health Benefits Dec25	252.38	N
01 1100 281 2 002 1193	Health Benefits Dec25	1,232.22	N
01 1100 281 1 003 1194	Health Benefits Dec25	483.95	N
01 1100 281 1 006 1194	Health Benefits Dec25	462.80	N
01 1100 281 2 001 1194	Health Benefits Dec25	1,405.78	N
01 1100 281 2 002 1194	Health Benefits Dec25	1,044.33	N
01 1200 281 0 000 1214	Health Benefits Dec25	2,040.36	N
01 1200 281 1 003 1221	Health Benefits Dec25	6,913.65	N
01 1200 281 1 004 1221	Health Benefits Dec25	1,982.53	N
01 1200 281 1 006 1221	Health Benefits Dec25	9,218.20	N
01 1200 281 2 001 1221	Health Benefits Dec25	5,028.37	N
01 1200 281 2 002 1221	Health Benefits Dec25	7,994.01	N
01 1200 281 1 004 1222	Health Benefits Dec25	2,304.55	N
01 1200 281 2 001 1222	Health Benefits Dec25	723.58	N
01 1200 281 2 002 1222	Health Benefits Dec25	1,982.53	N
01 1200 281 0 000 1223	Health Benefits Dec25	2,304.55	N
01 1200 281 2 001 1225	Health Benefits Dec25	1,484.60	N
01 2120 281 1 003	Health Benefits Dec25	862.20	N
01 2120 281 2 001	Health Benefits Dec25	5,887.34	N
01 2120 280 2 001	Health Benefits Dec25	880.24	N
01 2120 281 2 002	Health Benefits Dec25	2,040.36	N
01 2130 282 1 003	Health Benefits Dec25	880.24	0.00 N
01 2130 282 1 006	Health Benefits Dec25	880.24	N
01 2130 282 2 001	Health Benefits Dec25	759.99	N
01 2130 282 2 002	Health Benefits Dec25	880.24	N

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01 2141 281 0 000	Health Benefits Dec25	3,320.72	N
01 2151 281 1 004	Health Benefits Dec25	2,304.55	N
01 2151 281 2 001	Health Benefits Dec25	1,717.86	N
01 2190 281 2 001	Health Benefits Dec25	15.89	N
01 2190 280 2 001	Health Benefits Dec25	880.24	N
01 2212 281 0 000	Health Benefits Dec25	2,362.38	N
01 2220 281 1 003	Health Benefits Dec25	2,304.55	N
01 2220 281 1 004	Health Benefits Dec25	2,304.55	N
01 2220 281 1 006	Health Benefits Dec25	1,982.53	N
01 2220 281 2 001	Health Benefits Dec25	1,982.53	N
01 2220 281 2 002	Health Benefits Dec25	1,484.60	N
01 2230 281 0 000	Health Benefits Dec25	1,724.40	N
01 2230 284 0 000	Health Benefits Dec25	2,520.47	N
01 2320 285 0 000	Health Benefits Dec25	2,362.38	N
01 2320 286 0 000	Health Benefits Dec25	723.58	N
01 2320 280 0 000	Health Benefits Dec25	4,401.20	N
01 2410 281 1 003	Health Benefits Dec25	2,040.36	N
01 2410 280 1 003	Health Benefits Dec25	922.66	0.00 N
01 2410 281 1 004	Health Benefits Dec25	2,040.36	N
01 2410 280 1 004	Health Benefits Dec25	880.24	N
01 2410 281 1 006	Health Benefits Dec25	2,362.38	N
01 2410 280 1 006	Health Benefits Dec25	880.24	N
01 2410 281 2 001	Health Benefits Dec25	1,535.41	N
01 2410 280 2 001	Health Benefits Dec25	1,760.48	N
01 2410 281 2 002	Health Benefits Dec25	2,362.38	0.00 N
01 2410 280 2 002	Health Benefits Dec25	1,640.23	N
01 2570 286 0 000	Health Benefits Dec25	2,040.36	N
01 2610 280 1 003	Health Benefits Dec25	1,760.48	N
01 2610 280 2 002	Health Benefits Dec25	3,946.89	0.00 N
01 2610 280 1 006	Health Benefits Dec25	880.24	N
01 2610 280 2 001	Health Benefits Dec25	5,161.19	N
01 2610 280 2 002	Health Benefits Dec25	1,760.48	0.00 N
01 2630 280 0 000	Health Benefits Dec25	1,760.48	N
01 2620 286 0 000	Health Benefits Dec25	2,143.03	N
01 2620 280 1 003	Health Benefits Dec25	880.24	N
01 2620 280 2 001	Health Benefits Dec25	880.24	N
01 2620 280 2 002	Health Benefits Dec25	880.24	N
01 2710 280 0 000	Health Benefits Dec25	2,482.00	N
01 2710 286 0 000	Health Benefits Dec25	418.91	N
01 2712 286 0 000	Health Benefits Dec25	418.91	N
01 3540 281 1 003	Health Benefits Dec25	723.58	N
01 3540 281 1 004	Health Benefits Dec25	1,982.53	N

Invoice Listing - Detail

01 3535 281 0 000	Health Benefits Dec25	1,982.53	N
01 6200 281 1 003	Health Benefits Dec25	2,028.00	N
01 6310 111 1 003	Health Benefits Dec25	614.58	N
01 6408 281 0 000	Health Benefits Dec25	2,304.55	N
01 6408 281 1 000	Health Benefits Dec25	1,982.53	N
01 6408 281 2 000	Health Benefits Dec25	837.82	N

Vendor ID: BLUKYL BLUM, KYLA PO Number: **Invoice Number: 11.23.25 KB Amount: 17,940.00**
 Description: SLP - October / November 2025 + Makeup Invoice Date: 12/23/2025 Due Date: 12/23/2025 Status: P 1099 Amount: 17,940.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 73961 Check Date: 12/02/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 2151 320 1 006 SLP - October / November 2025 + Makeup 17,940.00 17,940.00 N

Vendor ID: BOHTAR BOHABOJ, TARA PO Number: **Invoice Number: FBLA Amount: 127.55**
 Description: SUPPLIES FOR HOLIDAY PARTY TEACHER STOCK Invoice Date: 12/09/2025 Due Date: 12/12/2025 Status: P 1099 Amount: 127.55
 Sequence: 1 Check Type: Check Checking Account ID: 2 Check Number: 46039 Check Date: 12/12/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 2 001 0315 SUPPLIES FOR HOLIDAY PARTY TEACHER STOCK 127.55 127.55 N

Vendor ID: BOHCAS BOHAC, CASSIDY PO Number: **Invoice Number: 12/08/2025 Amount: 53.11**
 Description: STAFF SNACKS Invoice Date: 12/10/2025 Due Date: 12/10/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 2 Check Number: 45112 Check Date: 12/17/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 1 003 0883 STAFF SNACKS 53.11 N

Vendor ID: BOHCAS BOHAC, CASSIDY PO Number: **Invoice Number: 12/08/20254 Amount: 50.00**
 Description: 5TH GRADE PUBERTY TALK SUPPLIES Invoice Date: 12/09/2025 Due Date: 12/09/2025 Status: V 1099 Amount: 0.00
 Sequence: 1 Check Type: Checking Account ID: Check Number: Check Date: CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 1 003 0801 5TH GRADE PUBERTY TALK SUPPLIES 50.00 N

Vendor ID: BOHCAS BOHAC, CASSIDY PO Number: **Invoice Number: 12/11/2025 Amount: 50.00**
 Description: SUPPLIES FOR 5TH GRADE PUBERTY TALK Invoice Date: 12/11/2025 Due Date: 12/11/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 2 Check Number: 45112 Check Date: 12/17/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 1 003 0801 SUPPLIES FOR 5TH GRADE PUBERTY TALK 50.00 N

Vendor ID: BOHCAS BOHAC, CASSIDY PO Number: **Invoice Number: 12/11/20251 Amount: 53.11**
 Description: STAFF SNACKS Invoice Date: 12/11/2025 Due Date: 12/11/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 2 Check Number: Check Date: 12/17/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 1 003 0883 STAFF SNACKS 53.11 N

Vendor ID: BOHCAS BOHAC, CASSIDY PO Number: **Invoice Number: 20251204 Amount: 50.00**

Invoice Listing - Detail

Description: BOYS & GIRLS PUBERTY TALK		Invoice Date: 12/04/2025	Due Date: 12/04/2025	Status: V	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:
<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>
05 2900 890 1 003 0801	BOYS & GIRLS PUBERTY TALK		50.00		N
Vendor ID: BOHCAS	BOHAC, CASSIDY	PO Number:	Invoice Number: 20251204-0001	Amount:	53.11
Description: STAFF SNACKS		Invoice Date: 12/04/2025	Due Date: 12/04/2025	Status: V	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:
<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>
05 2900 890 1 003 0883	STAFF SNACKS		53.11		N
Vendor ID: BOHCAS	BOHAC, CASSIDY	PO Number:	Invoice Number: Reimb12/4/25-2	Amount:	83.26
Description: Flag fasteners/pom poms - pep rally		Invoice Date: 11/24/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73986	Check Date: 01/06/2026	CC:
<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 2410 610 1 003	Flag fasteners-pom poms -3 grde supplies		83.26	0.00	N
Vendor ID: BOHCAS	BOHAC, CASSIDY	PO Number:	Invoice Number: Reimb12/4/25-3	Amount:	38.48
Description: 3 grade supplies/magnetic notebook		Invoice Date: 10/09/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73986	Check Date: 01/06/2026	CC:
<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 1100 610 1 003 1103	3rd grade supplies		14.99		N
01 2410 610 1 003	magnetic notebook		23.49		N
Vendor ID: BOHCAS	BOHAC, CASSIDY	PO Number:	Invoice Number: V*12/08/20254	Amount:	(50.00)
Description: 5TH GRADE PUBERTY TALK SUPPLIES		Invoice Date: 12/14/2025	Due Date: 12/09/2025	Status: V	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:
<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>
05 2900 890 1 003 0801	5TH GRADE PUBERTY TALK SUPPLIES		(50.00)		N
Vendor ID: BOHCAS	BOHAC, CASSIDY	PO Number:	Invoice Number: V*20251204	Amount:	(50.00)
Description: BOYS & GIRLS PUBERTY TALK		Invoice Date: 12/09/2025	Due Date: 12/04/2025	Status: V	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:
<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>
05 2900 890 1 003 0801	BOYS & GIRLS PUBERTY TALK		(50.00)		N
Vendor ID: BOHCAS	BOHAC, CASSIDY	PO Number:	Invoice Number: V*20251204-0001	Amount:	(53.11)
Description: STAFF SNACKS		Invoice Date: 12/09/2025	Due Date: 12/04/2025	Status: V	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:
<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>
05 2900 890 1 003 0883	STAFF SNACKS		(53.11)		N
Vendor ID: BRIANSHOL	BRIAN'S HOLMES SEWER & DRAIN INC	PO Number:	Invoice Number: 26691	Amount:	400.00
Description: Camera main sewer line to investigate		Invoice Date: 12/13/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73880	Check Date: 12/02/2025	CC:

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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 2620 431 1 003	NON-TECH RELATED REPAIRS & MAINTENANCE		400.00		N	
Vendor ID: BRIANSHOL BRIAN'S HOLMES SEWER & DRAIN INC						
Description: Repair 3/4" pressure line(HS)		PO Number:	Invoice Number: 26707		Amount: 537.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Invoice Date: 11/17/2025	Due Date: 12/17/2025	Status: P	1099 Amount: 0.00
			Check Number: 73880	Check Date: 12/02/2025	CC:	
<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 2620 431 2 001	Repair 3/4" pressure line(HS)		537.00		N	
Vendor ID: BRYANL BRYANLGH MEDICAL CENTER						
Description: OCTOBER ATHLETIC TRAINER		PO Number:	Invoice Number: IN283323		Amount: 4,625.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Invoice Date: 11/26/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 0.00
			Check Number: 45983	Check Date: 12/03/2025	CC:	
<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>
05 2900 890 2 001 0119	OCTOBER ATHLETIC TRAINER		4,625.00		N	
Vendor ID: BRYDAV BRYANT, DAVE						
Description: EMC BBB 12/23		PO Number:	Invoice Number: BB 12/23		Amount: 100.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Invoice Date: 12/23/2025	Due Date: 12/23/2025	Status: P	1099 Amount: 100.00
			Check Number: 46104	Check Date: 12/23/2025	CC:	
<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>
05 2900 890 2 001 0116	EMC BBB 12/23		100.00	100.00	N	
Vendor ID: BRYDAV BRYANT, DAVE						
Description: B/G VARSITY BB 12/6/25		PO Number:	Invoice Number: V BB 12/6		Amount: 200.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Invoice Date: 12/02/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 200.00
			Check Number: 45984	Check Date: 12/03/2025	CC:	
<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>
05 2900 890 2 001 0116	B/G VARISTY BB 12/6/25		200.00	200.00	N	
Vendor ID: BULKBOOK BulkBookstore						
Description: BOOKS FOR STUDENTS AT HAMLOW & WIS		PO Number:	Invoice Number: 220808		Amount: 3,045.60	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Invoice Date: 12/18/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
			Check Number: 45140	Check Date: 12/23/2025	CC:	
<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>
05 2900 890 1 004 0880	BOOKS FOR STUDENTS AT HAMLOW & WIS		3,045.60		N	
Vendor ID: CASEYB CASEY BROWN						
Description: Cell Biology Board Game		PO Number:	Invoice Number: Reimb11202025		Amount: 49.99	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Invoice Date: 11/10/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
			Check Number: 73881	Check Date: 12/02/2025	CC:	
<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 1100 610 2 001 1153	GENERAL SUPPLIES		49.99		N	
Vendor ID: CASEYF CASEY FRITTON PHOTOGRAPHY						
Description: BOYS BB POSTERS		PO Number:	Invoice Number: 4157		Amount: 600.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Invoice Date: 12/02/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 0.00
			Check Number: 45985	Check Date: 12/03/2025	CC:	
<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>
05 2900 890 2 001 0208	BOYS BB POSTER		600.00		N	

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Vendor ID: CASEYF	CASEY FRITTON PHOTOGRAPHY	PO Number:	Invoice Number: 4159	Amount:	390.00
Description: GIRLS WRESTLING POSTERS		Invoice Date: 12/03/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46040	Check Date: 12/12/2025	CC:
<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>
05 2900 890 2 001 0185	GIRLS WRESTLING POSTERS		390.00		N
Vendor ID: CASEYF	CASEY FRITTON PHOTOGRAPHY	PO Number:	Invoice Number: 4170	Amount:	79.95
Description: 2025 TRACK AND FB CHAMPIONSHIP PHOTOS		Invoice Date: 12/15/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46074	Check Date: 12/18/2025	CC:
<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>
05 2900 890 2 001 0153	2025 TRACK AND FB CHAMPIONSHIP PHOTOS		79.95		N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14885576	Amount:	228.05
Description: Supplies/Spices		Invoice Date: 12/06/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73882	Check Date: 12/02/2025	CC:
<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 1100 610 2 002 1174	Spices		216.30		N
01 1100 610 2 002 1174	delivery fee		11.75		N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14886672	Amount:	361.99
Description: Food H.S.		Invoice Date: 11/06/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11992	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food H.S.		361.99		N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14886673	Amount:	105.87
Description: Food H.S.		Invoice Date: 11/06/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11992	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food H.S.		105.87		N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14886872	Amount:	496.64
Description: Food WIS		Invoice Date: 11/06/2025	Due Date: 12/21/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11992	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food WIS		496.64		N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14889851	Amount:	66.04
Description: Food Eagle		Invoice Date: 11/10/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12003	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food Eagle		66.04		N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14889853	Amount:	368.40

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Description: Food Eagle	Invoice Date: 11/10/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1 Check Type: Check	Checking Account ID: 6	Check Number: 12003	Check Date: 12/12/2025	CC:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
06 3100 630 0 000	Food Eagle		332.78	N
06 3100 610 0 000	supplies		35.62	N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14889992	Amount: 171.33
Description: Food H.S.	Invoice Date: 11/13/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1 Check Type: Check	Checking Account ID: 6	Check Number: 11992	Check Date: 12/02/2025	CC:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
06 3100 630 0 000	Food H.S.		171.33	N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14890187	Amount: 1,711.17
Description: Food and Supplies WMS	Invoice Date: 11/10/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1 Check Type: Check	Checking Account ID: 6	Check Number: 11992	Check Date: 12/02/2025	CC:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
06 3100 610 0 000	Supplies		209.16	N
06 3100 630 0 000	Food		1,502.01	N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14890350	Amount: 91.46
Description: Food	Invoice Date: 11/10/2025	Due Date: 12/21/2025	Status: P	1099 Amount: 0.00
Sequence: 1 Check Type: Check	Checking Account ID: 6	Check Number: 11992	Check Date: 12/02/2025	CC:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
06 3100 630 0 000	Food		91.46	N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14895288	Amount: 784.07
Description: Food Hamlow	Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1 Check Type: Check	Checking Account ID: 6	Check Number: 11992	Check Date: 12/02/2025	CC:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
06 3100 630 0 000	Food Hamlow		784.07	N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14895339	Amount: 746.21
Description: Food H.S.	Invoice Date: 11/13/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1 Check Type: Check	Checking Account ID: 6	Check Number: 11992	Check Date: 12/02/2025	CC:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
06 3100 630 0 000	Food H.S.		746.21	N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14895498	Amount: 242.74
Description: Food Hamlow	Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1 Check Type: Check	Checking Account ID: 6	Check Number: 11992	Check Date: 12/02/2025	CC:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
06 3100 630 0 000	Food Hamlow		242.74	N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14895503	Amount: 635.65
Description: Food WIS	Invoice Date: 11/13/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00

Invoice Listing - Detail

Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11992	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food WIS		635.65		N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14895663	Amount:	97.71
Description: Food WMS		Invoice Date: 11/17/2025	Due Date: 12/21/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11992	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food WMS		97.71		N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14895965	Amount:	330.68
Description: Food H.S		Invoice Date: 11/13/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11992	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food H.S		330.68		N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14897882	Amount:	406.78
Description: Food Eage		Invoice Date: 11/17/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11992	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food Eage		406.78		N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14897889	Amount:	415.43
Description: Food Eagle		Invoice Date: 11/17/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11992	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food Eagle		415.43		N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14898385	Amount:	1,232.41
Description: Food and Supplies		Invoice Date: 11/17/2025	Due Date: 12/21/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11992	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food		923.60		N
06 3100 610 0 000	Supplies		308.81		N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14898412	Amount:	341.86
Description: Food H.S.		Invoice Date: 11/17/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11992	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food H.S.		341.86		N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14898421	Amount:	676.85
Description: Food H.S.		Invoice Date: 11/17/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11992	Check Date: 12/02/2025	CC:
<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>

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06 3100 630 0 000	Food H.S.	676.85	N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14903247
Description: Food WIS		Invoice Date: 11/20/2025	Due Date: 01/06/2026
Sequence: 1	Check Type: Check	Status: P	1099 Amount: 0.00
Checking Account ID: 6		Check Number: 12003	Check Date: 12/12/2025
<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>
06 3100 630 0 000	Food WIS	456.85	N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14903327
Description: Food WIS		Invoice Date: 11/20/2025	Due Date: 01/06/2026
Sequence: 1	Check Type: Check	Status: P	1099 Amount: 0.00
Checking Account ID: 6		Check Number: 12003	Check Date: 12/12/2025
<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>
06 3100 630 0 000	Food WIS	214.13	N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14904321
Description: Food H.S.		Invoice Date: 11/20/2025	Due Date: 11/23/2025
Sequence: 1	Check Type: Check	Status: P	1099 Amount: 0.00
Checking Account ID: 6		Check Number: 11992	Check Date: 12/02/2025
<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>
06 3100 630 0 000	Food H.S.	1,327.18	N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14906298
Description: Food MS		Invoice Date: 11/24/2025	Due Date: 01/06/2026
Sequence: 1	Check Type: Check	Status: P	1099 Amount: 0.00
Checking Account ID: 6		Check Number: 12003	Check Date: 12/12/2025
<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>
06 3100 610 0 000	Food MS	1,888.67	N
06 3100 610 0 000	Supplies	150.66	N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14908082
Description: Food HS		Invoice Date: 11/28/2025	Due Date: 01/06/2026
Sequence: 1	Check Type: Check	Status: P	1099 Amount: 0.00
Checking Account ID: 6		Check Number: 12003	Check Date: 12/12/2025
<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>
06 3100 630 0 000	Food HS	236.27	N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14908106
Description: Food HS		Invoice Date: 11/28/2025	Due Date: 01/06/2026
Sequence: 1	Check Type: Check	Status: P	1099 Amount: 0.00
Checking Account ID: 6		Check Number: 12003	Check Date: 12/12/2025
<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>
06 3100 630 0 000	Food HS	74.10	N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14908110
Description: Food HS		Invoice Date: 11/28/2025	Due Date: 01/06/2026
Sequence: 1	Check Type: Check	Status: P	1099 Amount: 0.00
Checking Account ID: 6		Check Number: 12003	Check Date: 12/12/2025
<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>
06 3100 630 0 000	Food HS	50.00	N

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Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14908458	Amount: 628.51
Description: Food MS		Invoice Date: 11/28/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12003	Check Date: 12/12/2025 CC:
<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>
06 3100 610 0 000	Food MS		628.51	N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14915831	Amount: 120.65
Description: Supplies - MS FCS		Invoice Date: 12/04/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73987	Check Date: 01/06/2026 CC:
<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 1100 610 2 002 1174	Supplies - MS FCS		120.65	N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14916305	Amount: 836.40
Description: CONCESSIONS DELIVERY 12/4		Invoice Date: 12/04/2025	Due Date: 12/12/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46041	Check Date: 12/12/2025 CC:
<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>
05 2900 890 2 001 0400	CONCESSIONS DELIVERY 12/4		836.40	N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14918353	Amount: 680.54
Description: Food MS		Invoice Date: 12/04/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12003	Check Date: 12/12/2025 CC:
<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>
06 3100 630 0 000	Food MS		680.54	N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14918740	Amount: 1,546.53
Description: Food HS		Invoice Date: 12/04/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12003	Check Date: 12/12/2025 CC:
<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>
06 3100 630 0 000	Food HS		1,439.67	N
06 3100 610 0 000	paper supplies		106.86	N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14918774	Amount: 442.45
Description: Food HS		Invoice Date: 12/04/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12003	Check Date: 12/12/2025 CC:
<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>
06 3100 630 0 000	Food HS		442.45	N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14919886	Amount: 561.28
Description: Food/Paper Product MS		Invoice Date: 12/08/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12003	Check Date: 12/12/2025 CC:
<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>
06 3100 630 0 000	Food MS		335.81	N
06 3100 610 0 000	Paper Supplies MS		225.47	N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14919914	Amount: 212.02

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Description: Food MS		Invoice Date: 12/08/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12003	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food MS		212.02		N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14920211	Amount:	249.61
Description: Food HS		Invoice Date: 12/08/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12003	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food HS		249.61		N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14920558	Amount:	318.60
Description: Food Hamlow		Invoice Date: 12/08/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12003	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food Hamlow		318.60		N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14920893	Amount:	266.70
Description: Food MS		Invoice Date: 12/08/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12003	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food MS		266.70		N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: 14920973	Amount:	205.50
Description: Food Eagle		Invoice Date: 12/08/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12003	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food Eagle		205.50		N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: S14886919	Amount:	112.53
Description: Food WMS		Invoice Date: 11/10/2025	Due Date: 12/21/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11992	Check Date: 12/02/2025	CC:
<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>
06 3100 610 0 000	Food WMS		112.53		N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: S14894563	Amount:	62.98
Description: Food H.S.		Invoice Date: 11/13/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11992	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food H.S.		62.98		N
Vendor ID: CASHWA	CASH-WA DISTRIBUTING	PO Number:	Invoice Number: V*D14905221	Amount:	(493.45)
Description: CONCESSIONS PURCHASE		Invoice Date: 12/11/2025	Due Date: 12/03/2025	Status: V	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:
<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>

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05 2900 890 2 002 0540	CONCESSIONS PURCHASE	(493.45)	N	
Vendor ID: CASSCO4	CASS COUNTY REFUSE	PO Number:	Invoice Number: 355-705	Amount: 600.00
Description: Nov Refuse Service - Eagle		Invoice Date: 11/24/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73988	Check Date: 01/06/2026 CC:
<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 2620 431 1 003	Nov Refuse Service - Eagle		600.00	N
Vendor ID: CHESTERMAN	CHESTERMAN COMPANY	PO Number:	Invoice Number: 11881053	Amount: 1,255.80
Description: COKE DELIVERY 10/17/25		Invoice Date: 10/17/2025	Due Date: 12/03/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45986	Check Date: 12/03/2025 CC:
<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>
05 2900 890 2 001 0400	COKE DELIVERY 10/17/25		1,255.80	N
Vendor ID: CHESTERMAN	CHESTERMAN COMPANY	PO Number:	Invoice Number: 11886411	Amount: 1,133.60
Description: COKE DELIVERY 10/24/25		Invoice Date: 10/24/2025	Due Date: 12/03/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45986	Check Date: 12/03/2025 CC:
<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>
05 2900 890 2 001 0400	COKE DELIVERY 10/24/25		1,133.60	N
Vendor ID: CHESTERMAN	CHESTERMAN COMPANY	PO Number:	Invoice Number: 11895789	Amount: 340.60
Description: COKE DELIVERY 11/7		Invoice Date: 11/07/2025	Due Date: 12/12/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46042	Check Date: 12/12/2025 CC:
<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>
05 2900 890 2 001 0400	COKE DELIVERY 11/7		340.60	N
Vendor ID: CHESTERMAN	CHESTERMAN COMPANY	PO Number:	Invoice Number: 11902091	Amount: 291.20
Description: COKE DELIVERY 11/14		Invoice Date: 11/14/2025	Due Date: 12/12/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46042	Check Date: 12/12/2025 CC:
<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>
05 2900 890 2 001 0400	COKE DELIVERY 11/14		291.20	N
Vendor ID: CHESTERMAN	CHESTERMAN COMPANY	PO Number:	Invoice Number: 11916885	Amount: 1,170.00
Description: COKE DELIVERY 12/5		Invoice Date: 12/05/2025	Due Date: 12/12/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46042	Check Date: 12/12/2025 CC:
<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>
05 2900 890 2 001 0400	COKE DELIVERY 12/5		1,170.00	N
Vendor ID: CHESTERMAN	CHESTERMAN COMPANY	PO Number:	Invoice Number: 11917523	Amount: 659.36
Description: CONCESSIONS ORDER		Invoice Date: 12/09/2025	Due Date: 12/09/2025	Status: V 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date: CC:
<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>
05 2900 890 2 002 0540	CONCESSIONS ORDER		659.36	N
Vendor ID: CHESTERMAN	CHESTERMAN COMPANY	PO Number:	Invoice Number: 11917523-MS12.16.25	Amount: 659.36

Invoice Listing - Detail

Description: Middle School Concession Order	Invoice Date: 12/05/2025	Due Date: 12/10/2025	Status: P	1099 Amount: 0.00
Sequence: 1 Check Type: Check	Checking Account ID: 2	Check Number: 45133	Check Date: 12/16/2025	CC:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
05 2900 890 2 002 0540	Concession Pop Order		659.36	N
Vendor ID: CHESTERMAN CHESTERMAN COMPANY	PO Number:	Invoice Number: V*11917523	Amount:	(659.36)
Description: CONCESSIONS ORDER	Invoice Date: 12/11/2025	Due Date: 12/09/2025	Status: V	1099 Amount: 0.00
Sequence: 1 Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
05 2900 890 2 002 0540	CONCESSIONS ORDER		(659.36)	N
Vendor ID: CHESTERMAN CHESTERMAN COMPANY	PO Number:	Invoice Number: V*20251125	Amount:	(222.56)
Description: Concessions Items	Invoice Date: 12/11/2025	Due Date: 11/25/2025	Status: V	1099 Amount: 0.00
Sequence: 1 Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
05 2900 890 2 002 0540	Concessions Items		(222.56)	N
Vendor ID: CITYOF CITY OF WAVERLY	PO Number:	Invoice Number: 1252001-1125	Amount:	1,313.88
Description: Service 9/24/25-10/27/25	Invoice Date: 10/30/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1 Check Type: Check	Checking Account ID: 1	Check Number: 73989	Check Date: 01/06/2026	CC:
<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 2610 410 1 006	Service 9/24/25-10/27/25		1,313.88	N
Vendor ID: CITYOF CITY OF WAVERLY	PO Number:	Invoice Number: 1252001-1225	Amount:	2,270.22
Description: Service 10/27/25-11/24/25	Invoice Date: 11/26/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1 Check Type: Check	Checking Account ID: 1	Check Number: 73989	Check Date: 01/06/2026	CC:
<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 2610 410 1 006	Service 10/27/25-11/24/25		2,270.22	N
Vendor ID: CITYOF CITY OF WAVERLY	PO Number:	Invoice Number: 1254001-1125	Amount:	143.89
Description: Service 9/24/25-10/27/25	Invoice Date: 10/30/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1 Check Type: Check	Checking Account ID: 1	Check Number: 73989	Check Date: 01/06/2026	CC:
<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 2610 410 1 006	Service 9/24/25-10/27/25		143.89	N
Vendor ID: CITYOF CITY OF WAVERLY	PO Number:	Invoice Number: 1254001-1225	Amount:	287.78
Description: Service 10/27/25-11/24/25	Invoice Date: 11/26/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1 Check Type: Check	Checking Account ID: 1	Check Number: 73989	Check Date: 01/06/2026	CC:
<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 2610 410 1 006	Service 10/27/25-11/24/25		287.78	N
Vendor ID: CITYOF CITY OF WAVERLY	PO Number:	Invoice Number: 1254501-1125	Amount:	74.55
Description: Service 9/24/25-10/27/25	Invoice Date: 10/30/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1 Check Type: Check	Checking Account ID: 1	Check Number: 73989	Check Date: 01/06/2026	CC:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>

Invoice Listing - Detail

01 2610 410 0 000	Service 9/24/25-10/27/25	74.55	N		
Vendor ID: CITYOF	CITY OF WAVERLY	PO Number:	Invoice Number: 1254501-1225	Amount:	149.10
Description: Service 10/27/25-11/24/25		Invoice Date: 11/26/2025	Due Date: 01/02/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73989	Check Date: 01/06/2026	CC:
<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 2610 410 0 000	Service 10/27/25-11/24/25		149.10	N	<u>In Full</u>
Vendor ID: CITYOF	CITY OF WAVERLY	PO Number:	Invoice Number: 1521001-1125	Amount:	468.01
Description: Service 9/24/25-10/27/25		Invoice Date: 10/30/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73989	Check Date: 01/06/2026	CC:
<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 2610 410 1 004	Service 9/24/25-10/27/25		468.01	N	<u>In Full</u>
Vendor ID: CITYOF	CITY OF WAVERLY	PO Number:	Invoice Number: 1521001-1225	Amount:	858.14
Description: Service 10/27/25-11/24/25		Invoice Date: 11/26/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73989	Check Date: 01/06/2026	CC:
<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 2610 410 1 004	Service 10/27/25-11/24/25		858.14	N	<u>In Full</u>
Vendor ID: CITYOF	CITY OF WAVERLY	PO Number:	Invoice Number: 1581001-1125	Amount:	283.43
Description: Service 9/24/25-10/27/25		Invoice Date: 10/30/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73989	Check Date: 01/06/2026	CC:
<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 2610 410 2 001	Service 9/24/25-10/27/25		283.43	N	<u>In Full</u>
Vendor ID: CITYOF	CITY OF WAVERLY	PO Number:	Invoice Number: 1581001-1225	Amount:	560.26
Description: Service 10/27/25-11/24/25		Invoice Date: 11/26/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73989	Check Date: 01/06/2026	CC:
<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 2610 410 2 001	Service 10/27/25-11/24/25		560.26	N	<u>In Full</u>
Vendor ID: CITYOF	CITY OF WAVERLY	PO Number:	Invoice Number: 1582001-1125	Amount:	236.68
Description: Service 9/24/25-10/27/25		Invoice Date: 10/30/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73989	Check Date: 01/06/2026	CC:
<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 2610 410 2 001	Service 9/24/25-10/27/25		236.68	N	<u>In Full</u>
Vendor ID: CITYOF	CITY OF WAVERLY	PO Number:	Invoice Number: 1582001-1225	Amount:	473.36
Description: Service 10/27/25-11/24/25		Invoice Date: 01/26/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73989	Check Date: 01/06/2026	CC:
<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 2610 410 2 001	Service 10/27/25-11/24/25		473.36	N	<u>In Full</u>
Vendor ID: CITYOF	CITY OF WAVERLY	PO Number:	Invoice Number: 1584001-1125	Amount:	918.47

Invoice Listing - Detail

Description: Service 9/24/25-10/27/25		Invoice Date: 10/30/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73989	Check Date: 01/06/2026	CC:
<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 2610 410 2 001	Service 9/24/25-10/27/25		918.47		N
Vendor ID: CITYOF	CITY OF WAVERLY	PO Number:	Invoice Number: 1584001-1225	Amount:	1,783.84
Description: Service 10/27/25-12/24/25		Invoice Date: 01/26/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73989	Check Date: 01/06/2026	CC:
<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 2610 410 2 001	Service 10/27/25-12/24/25		1,783.84		N
Vendor ID: CITYOF	CITY OF WAVERLY	PO Number:	Invoice Number: 1584101-1125	Amount:	587.15
Description: Service 9/24/25-10/27/25		Invoice Date: 10/30/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73989	Check Date: 01/06/2026	CC:
<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 2610 410 2 002	Service 9/24/25-10/27/25		587.15		N
Vendor ID: CITYOF	CITY OF WAVERLY	PO Number:	Invoice Number: 1584101-1225	Amount:	1,153.06
Description: Service 10/26/25-11/24/25		Invoice Date: 11/26/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73989	Check Date: 01/06/2026	CC:
<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 2610 410 2 002	Service 10/26/25-11/24/25		1,153.06		N
Vendor ID: CITYOF	CITY OF WAVERLY	PO Number:	Invoice Number: 1590501-1125	Amount:	134.15
Description: Service 9/24/25-10/27/25		Invoice Date: 10/30/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73989	Check Date: 01/06/2026	CC:
<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 2610 410 0 000	Service 9/24/25-10/27/25		134.15		N
Vendor ID: CITYOF	CITY OF WAVERLY	PO Number:	Invoice Number: 1590501-1225	Amount:	268.30
Description: Service 10/27/25-11/24/25		Invoice Date: 11/26/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73989	Check Date: 01/06/2026	CC:
<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 2610 410 0 000	Service 10/27/25-11/24/25		268.30		N
Vendor ID: CLINTC	CLINT COLTON MOWING	PO Number:	Invoice Number: S1025	Amount:	1,305.00
Description: Mowing Services		Invoice Date: 11/12/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 1,305.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73883	Check Date: 12/02/2025	CC:
<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 2630 431 1 004	Mowing Services (Hamlow)		135.00	135.00	N
01 2630 431 2 001	Mowing Services (HS)		920.00	920.00	N
01 2630 431 2 002	Mowing Services-Hill (MS)		250.00	250.00	N
Vendor ID: COLORAD	COLORADO/WEST EQUIPMENT, INC	PO Number:	Invoice Number: 0217613-IN	Amount:	544.63
Description: Repairs-Deer damage bus #3/shipping		Invoice Date: 11/26/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00

Invoice Listing - Detail

Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 73990 Check Date: 01/06/2026 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 2710 610 0 000 Repairs-Deer damage bus #3/shipping 544.63 N

Vendor ID: COMMONW COMMONWEALTH ELECTRIC CO PO Number: Invoice Number: 81466 Amount: 17,982.98
 Description: Add 3 Avigilon Cameras - WIS Playground Invoice Date: 12/02/2025 Due Date: 12/05/2025 Status: PP 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 9 Check Number: 1513 Check Date: 12/01/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 09 4500 734 0 000 Add 3 Avigilon Cameras - WIS Playground 17,982.98 0.00 N

Vendor ID: COMMONW COMMONWEALTH ELECTRIC CO PO Number: Invoice Number: V*81467 Amount: (23,857.98)
 Description: HAMLOW PLAYGROUND EQUIPMENT Invoice Date: 12/11/2025 Due Date: 12/03/2025 Status: V 1099 Amount: 0.00
 Sequence: 1 Check Type: Checking Account ID: Check Number: Check Date: CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 1 004 0880 HAMLOW PLAYGROUND EQUIPMENT (23,857.98) N

Vendor ID: COMMUN1 COMMUNITY BUILDING SOLUTIONS LLC PO Number: Invoice Number: 12/29/25PapAP6/7 Amount: 143,239.00
 Description: Pay Ap 6/7 Invoice Date: 12/26/2025 Due Date: 12/29/2025 Status: PP 1099 Amount: 143,239.00
 Sequence: 1 Check Type: Check Checking Account ID: 9 Check Number: 1514 Check Date: 12/26/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 09 4500 340 0 000 Pay Ap 6 88,818.00 88,818.00 N
 09 4500 340 0 000 Pay Ap 7 54,421.00 54,421.00 N

Vendor ID: COMMUN1 COMMUNITY BUILDING SOLUTIONS LLC PO Number: Invoice Number: 122625QCPUF Amount: 143,339.00
 Description: 11/30 and 12/31 - Billing Invoice Date: 12/26/2025 Due Date: 12/26/2025 Status: V 1099 Amount: 143,339.00
 Sequence: 1 Check Type: Checking Account ID: Check Number: Check Date: CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 09 4500 340 0 000 11/30 - HVAC 88,818.00 88,818.00 N
 09 4500 340 0 000 12/31 - HVAC 54,521.00 54,521.00 N

Vendor ID: COMMUN1 COMMUNITY BUILDING SOLUTIONS LLC PO Number: Invoice Number: PayAp6/7 Amount: 143,339.00
 Description: Pay App 6 and 7 Invoice Date: 12/26/2025 Due Date: 12/26/2025 Status: V 1099 Amount: 143,339.00
 Sequence: 1 Check Type: Checking Account ID: Check Number: Check Date: CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 09 4500 340 0 000 PayAp 7 54,521.00 54,521.00 N
 09 4500 340 0 000 Pay/Ap 6 88,818.00 88,818.00 N

Vendor ID: COMMUN1 COMMUNITY BUILDING SOLUTIONS LLC PO Number: Invoice Number: V*122625QCPUF Amount: (143,339.00)
 Description: 11/30 and 12/31 - Billing Invoice Date: 12/26/2025 Due Date: 12/26/2025 Status: V 1099 Amount: (143,339.00)
 Sequence: 1 Check Type: Checking Account ID: Check Number: Check Date: CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 09 4500 340 0 000 11/30 - HVAC (88,818.00) (88,818.00) N
 09 4500 340 0 000 12/31 - HVAC (54,521.00) (54,521.00) N

Vendor ID: COMMUN1 COMMUNITY BUILDING SOLUTIONS LLC PO Number: Invoice Number: V*PayAp6/7 Amount: (143,339.00)

Invoice Listing - Detail

Description: Pay App 6 and 7
Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description
09 4500 340 0 000 PayAp 7
09 4500 340 0 000 Pay/Ap 6

Invoice Date: 12/29/2025 Due Date: 12/26/2025 Status: V 1099 Amount: (143,339.00)
Check Number: Check Date: CC:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
(54,521.00) (54,521.00) N
(88,818.00) (88,818.00) N

Vendor ID: COMPCHIR COMPLETE CHIROPRACTIC & WELLNESS CENTER PO Number: Invoice Number: Thewke11/18/25 Amount: 80.00

Description: DOT Exam
Sequence: 1 Check Type: Check Checking Account ID: 1
Chart of Account Number Detail Description
01 2710 340 0 000 DOT Exam

Invoice Date: 11/18/2025 Due Date: 01/06/2026 Status: P 1099 Amount: 80.00
Check Number: 73991 Check Date: 01/06/2026 CC:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
80.00 80.00 N

Vendor ID: COMPCHIR COMPLETE CHIROPRACTIC & WELLNESS CENTER PO Number: Invoice Number: Tierney11/18/25 Amount: 80.00

Description: DOT-Exam
Sequence: 1 Check Type: Check Checking Account ID: 1
Chart of Account Number Detail Description
01 2710 340 0 000 DOT-Exam

Invoice Date: 11/18/2025 Due Date: 01/06/2026 Status: P 1099 Amount: 80.00
Check Number: 73991 Check Date: 01/06/2026 CC:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
80.00 80.00 N

Vendor ID: CORNHU CORNHUSKER INTNL TRUCKS INC PO Number: Invoice Number: 3414307 Amount: 144.26

Description: Engine Head Bus #9
Sequence: 1 Check Type: Check Checking Account ID: 1
Chart of Account Number Detail Description
01 2710 610 0 000 Engine Head Bus #9

Invoice Date: 10/31/2025 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
Check Number: 73884 Check Date: 12/02/2025 CC:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
144.26 N

Vendor ID: CORNHU CORNHUSKER INTNL TRUCKS INC PO Number: Invoice Number: 3414330 Amount: 2,885.99

Description: Rear Differential, Core deposit
Sequence: 1 Check Type: Check Checking Account ID: 1
Chart of Account Number Detail Description
01 2710 610 0 000 Rear Differential
01 2710 610 0 000 Core Deposit

Invoice Date: 10/31/2025 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
Check Number: 73884 Check Date: 12/02/2025 CC:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
2,135.99 N
750.00 N

Vendor ID: CORNHU CORNHUSKER INTNL TRUCKS INC PO Number: Invoice Number: 3414429 Amount: 391.70

Description: Bearing, Seal, oil, Gasket Bus #9
Sequence: 1 Check Type: Check Checking Account ID: 1
Chart of Account Number Detail Description
01 2710 610 0 000 Bearing, Seal, oil, Gasket Bus #9

Invoice Date: 11/04/2025 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
Check Number: 73884 Check Date: 12/02/2025 CC:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
391.70 N

Vendor ID: CORNHU CORNHUSKER INTNL TRUCKS INC PO Number: Invoice Number: 3414496 Amount: 1,356.18

Description: Window, Ass. Nonstick/slide
Sequence: 1 Check Type: Check Checking Account ID: 1
Chart of Account Number Detail Description
01 2710 610 0 000 Window Ass Nonstick
01 2710 610 0 000 Slide

Invoice Date: 11/06/2025 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
Check Number: 73884 Check Date: 12/02/2025 CC:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
1,272.06 N
84.12 N

Invoice Listing - Detail

Vendor ID: CORNHU	CORNHUSKER INTNL TRUCKS INC	PO Number:	Invoice Number: 3414557	Amount:	10.32
Description: Stud Wheel/Bus #8		Invoice Date: 12/07/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73884	Check Date: 12/02/2025	CC:
<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 2710 610 0 000	Stud Wheel/Bus #8		10.32		N
Vendor ID: CORNHU	CORNHUSKER INTNL TRUCKS INC	PO Number:	Invoice Number: 3414571	Amount:	41.50
Description: Valve Bus #7		Invoice Date: 12/10/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73884	Check Date: 12/02/2025	CC:
<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 2710 610 0 000	GENERAL SUPPLIES		41.50		N
Vendor ID: CORNHU	CORNHUSKER INTNL TRUCKS INC	PO Number:	Invoice Number: 3414649	Amount:	320.85
Description: Battery/Bus #11		Invoice Date: 12/12/2025	Due Date: 12/17/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73884	Check Date: 12/02/2025	CC:
<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 2710 610 0 000	GENERAL SUPPLIES		320.85		N
Vendor ID: CORNHU	CORNHUSKER INTNL TRUCKS INC	PO Number:	Invoice Number: 3414699	Amount:	677.80
Description: Alternator, Reflector Bus 2		Invoice Date: 12/13/2025	Due Date: 12/17/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73884	Check Date: 12/02/2025	CC:
<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 2710 610 0 000	GENERAL SUPPLIES		600.91		N
01 2710 610 0 000	Shipping		76.89		N
Vendor ID: CORNHU	CORNHUSKER INTNL TRUCKS INC	PO Number:	Invoice Number: 3414743	Amount:	182.49
Description: Pulley, IDL Bus #1		Invoice Date: 11/17/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73884	Check Date: 12/02/2025	CC:
<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 2710 610 0 000	Pulley, IDL Bus #1		182.49		N
Vendor ID: CORNHU	CORNHUSKER INTNL TRUCKS INC	PO Number:	Invoice Number: 3414800	Amount:	1,174.34
Description: Gasket/Seals/Screw(Bus Barn)		Invoice Date: 11/20/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73884	Check Date: 12/02/2025	CC:
<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 2710 610 0 000	Gasket/Seals/Screw(Bus Barn)		1,132.24		N
01 2710 610 0 000	Freight		42.10		N
Vendor ID: CORNHU	CORNHUSKER INTNL TRUCKS INC	PO Number:	Invoice Number: 3414989	Amount:	28.49
Description: Purge Valve/Stock		Invoice Date: 11/25/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73992	Check Date: 01/06/2026	CC:
<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 2710 610 0 000	Purge Valve/Stock		28.49		N
Vendor ID: CUDKAR	CUDNEY, KARA	PO Number:	Invoice Number: 11.23.25 KC	Amount:	1,687.20

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Description: Oct/Nov 2025		Invoice Date: 12/23/2025	Due Date: 12/23/2025	Status: P	1099 Amount: 1,687.20
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73962	Check Date: 12/02/2025	CC:
<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 6412 320 0 000	Oct/Nov 2025		1,687.20	1,687.20	N
Vendor ID: CULCAR	CULLER, CARY	PO Number:	Invoice Number: BB 1/5	Amount:	65.00
Description: 9TH BB 1/5/26		Invoice Date: 12/30/2025	Due Date: 12/30/2025	Status: P	1099 Amount: 65.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46136	Check Date: 12/30/2025	CC:
<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>
05 2900 890 2 001 0116	9TH BB 1/5/26		65.00	65.00	N
Vendor ID: CULCAR	CULLER, CARY	PO Number:	Invoice Number: BBB 1/2	Amount:	65.00
Description: 9TH BBB 1/2		Invoice Date: 12/18/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 65.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46075	Check Date: 12/18/2025	CC:
<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>
05 2900 890 2 001 0116	9TH BBB 1/2		65.00	65.00	N
Vendor ID: CURZON	CURZON	PO Number:	Invoice Number: INV14157	Amount:	64.95
Description: FOOTBALL CHAMPIONSHIP RECORDS		Invoice Date: 12/05/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46043	Check Date: 12/12/2025	CC:
<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>
05 2900 890 2 001 0153	FOOTBALL CHAMPIONSHIP RECORDS		64.95		N
Vendor ID: DAHPAU	DAHARSH, PAULA	PO Number:	Invoice Number: 11.23.25 PD	Amount:	1,573.95
Description: Miles / Service		Invoice Date: 12/23/2025	Due Date: 12/23/2025	Status: P	1099 Amount: 1,573.95
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73963	Check Date: 12/02/2025	CC:
<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 6412 334 0 000	Miles		109.20	109.20	N
01 6412 320 0 000	Service		1,464.75	1,464.75	N
Vendor ID: DASSTATE	DAS STATE ACCOUNTING - CENTRAL FINANCE	PO Number:	Invoice Number: 1501831	Amount:	317.87
Description: Oct 2025 for Account 01		Invoice Date: 12/13/2025	Due Date: 12/17/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73885	Check Date: 12/02/2025	CC:
<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 2230 340 0 000	OTHER PROFESSIONAL SERVICES		317.87		N
Vendor ID: DEERE	DEERE CREDIT	PO Number:	Invoice Number: DEC1 25-0001	Amount:	1,008.37
Description: GATOR LEASE PMT DEC 25		Invoice Date: 12/01/2025	Due Date: 12/04/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73972	Check Date: 12/02/2025	CC:
<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 2630 442 0 000	GATOR 0136565 LEASE PMT DEC 25		1,008.37	0.00	N
Vendor ID: DEERE	DEERE CREDIT	PO Number:	Invoice Number: DEC2 25-0001	Amount:	396.87
Description: MOWER LEASE PMT DEC 25		Invoice Date: 12/01/2025	Due Date: 12/04/2025	Status: P	1099 Amount: 0.00
Sequence: 2	Check Type: Check	Checking Account ID: 1	Check Number: 73973	Check Date: 12/02/2025	CC:

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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 2630 442 0 000	MOWER 0136566 LEASE PMT DEC 25		396.87	0.00	N	
Vendor ID: DEERE	DEERE CREDIT	PO Number:	Invoice Number: DEC6 25-0001		Amount:	993.47
Description: GATOR LEASE PMT DEC 25		Invoice Date: 12/01/2025	Due Date: 12/04/2025	Status: P	1099 Amount: 0.00	
Sequence: 6	Check Type: Check	Checking Account ID: 1	Check Number: 73974	Check Date: 12/02/2025	CC:	
<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 2630 442 0 000	GATOR 0143841 LEASE PMT DEC 25		993.47	0.00	N	
Vendor ID: DEERE	DEERE CREDIT	PO Number:	Invoice Number: DEC8 25-0001		Amount:	648.25
Description: MOWER LEASE PMT DEC 25		Invoice Date: 12/01/2025	Due Date: 12/04/2025	Status: P	1099 Amount: 0.00	
Sequence: 8	Check Type: Check	Checking Account ID: 1	Check Number: 73975	Check Date: 12/02/2025	CC:	
<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 2630 442 0 000	MOWER 0129999 LEASE PMT DEC 25		648.25	0.00	N	
Vendor ID: DEERE	DEERE CREDIT	PO Number:	Invoice Number: DEC9 25-0001		Amount:	799.19
Description: TRACTOR LEASE PMT DEC 25		Invoice Date: 12/01/2025	Due Date: 12/04/2025	Status: P	1099 Amount: 0.00	
Sequence: 9	Check Type: Check	Checking Account ID: 1	Check Number: 73976	Check Date: 12/02/2025	CC:	
<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 2630 442 0 000	TRACTOR 0130009 LEASE PMT DEC 25		799.19	0.00	N	
Vendor ID: DEIHAT	DEIS, HATTIE	PO Number:	Invoice Number: ANGEL TREE		Amount:	187.81
Description: ANGEL TREE WISHES		Invoice Date: 12/09/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46044	Check Date: 12/12/2025	CC:	
<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>
05 2900 890 2 001 0370	ANGEL TREE WISHES		187.81		N	
Vendor ID: DELANI	DELANIE MCMILLAN	PO Number:	Invoice Number: Reimb 11.23.25		Amount:	111.50
Description: Conference Expense		Invoice Date: 12/23/2025	Due Date: 12/23/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73964	Check Date: 12/02/2025	CC:	
<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 1200 580 0 000 1214	Conference Expense		111.50		N	
Vendor ID: DETABI	Dettmer, Abi	PO Number:	Invoice Number: Reimb11/24/25		Amount:	136.44
Description: metting meal		Invoice Date: 11/24/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73886	Check Date: 12/02/2025	CC:	
<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 1200 610 0 000 1214	metting meal		136.44		N	
Vendor ID: DIETMUSI	DIETZE MUSIC HOUSE	PO Number:	Invoice Number: FF5839-0		Amount:	2,241.92
Description: marching sticks, mallets, march head		Invoice Date: 07/29/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73887	Check Date: 12/02/2025	CC:	
<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 1100 610 2 001 1194	marching sticks, mallets, march head		2,241.92		N	

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Vendor ID: DIETMUSI	DIETZE MUSIC HOUSE	PO Number:	Invoice Number: FF6418	Amount:	314.75
Description: Whistle, sustain pedal, sax lyre		Invoice Date: 07/30/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73887	Check Date: 12/02/2025	CC:
<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 1100 610 2 001 1194	Whistle, sustain pedal, sax lyre		314.75		N
Vendor ID: DIETMUSI	DIETZE MUSIC HOUSE	PO Number:	Invoice Number: FF6483	Amount:	54.00
Description: Shoudler Pad Black		Invoice Date: 07/31/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73887	Check Date: 12/02/2025	CC:
<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 1100 610 2 001 1194	Shoudler Pad Black		54.00		N
Vendor ID: DIETMUSI	DIETZE MUSIC HOUSE	PO Number:	Invoice Number: FF6660-0	Amount:	270.00
Description: Shoulder Pad Black		Invoice Date: 08/18/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73887	Check Date: 12/02/2025	CC:
<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 1100 610 2 001 1194	Shoulder Pad Black		270.00		N
Vendor ID: DIETMUSI	DIETZE MUSIC HOUSE	PO Number:	Invoice Number: FF7480	Amount:	24.44
Description: Repair Parts/ petro oil		Invoice Date: 08/25/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73887	Check Date: 12/02/2025	CC:
<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 1100 610 2 001 1194	Repair Parts/ petro oil		24.44		N
Vendor ID: DIETMUSI	DIETZE MUSIC HOUSE	PO Number:	Invoice Number: FF7549	Amount:	121.06
Description: Cardioid Inst Mic, Sax Lyre, flip folder		Invoice Date: 08/27/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73887	Check Date: 12/02/2025	CC:
<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 1100 610 2 001 1194	Cardioid Inst Mic, Sax Lyre, flip folder		121.06		N
Vendor ID: DIETMUSI	DIETZE MUSIC HOUSE	PO Number:	Invoice Number: FF7552	Amount:	25.16
Description: Coupler 1/4", 10" 16 AWG Spkr		Invoice Date: 08/27/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73887	Check Date: 12/02/2025	CC:
<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 1100 610 2 001 1194	Coupler 1/4", 10" 16 AWG Spkr		25.16		N
Vendor ID: DIETMUSI	DIETZE MUSIC HOUSE	PO Number:	Invoice Number: FF8046	Amount:	376.16
Description: KYBD, Flip Folder, Sax lyre, tromb lyre		Invoice Date: 09/05/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73887	Check Date: 12/02/2025	CC:
<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 1100 610 2 001 1194	KYBD, Flip Folder, Sax lyre, tromb lyre		376.16		N
Vendor ID: DIETMUSI	DIETZE MUSIC HOUSE	PO Number:	Invoice Number: FF8557	Amount:	42.12
Description: TRB LYRE		Invoice Date: 09/16/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73887	Check Date: 12/02/2025	CC:

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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 1100 610 2 001 1194	TRB LYRE		42.12		N	
Vendor ID: DIETMUSI	DIETZE MUSIC HOUSE	PO Number:	Invoice Number: FF9144		Amount:	10.00
Description: Jupiter Bari Sax service		Invoice Date: 09/30/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73887	Check Date: 12/02/2025	CC:	
<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 1100 610 2 002 1194	Jupiter Bari Sax service		10.00		N	
Vendor ID: DIETMUSI	DIETZE MUSIC HOUSE	PO Number:	Invoice Number: FF9192		Amount:	27.28
Description: valve stem, valve guide, sax keyguard		Invoice Date: 10/02/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73887	Check Date: 12/02/2025	CC:	
<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 1100 610 2 001 1194	valve stem, valve guide, sax keyguard		27.28		N	
Vendor ID: DIETMUSI	DIETZE MUSIC HOUSE	PO Number:	Invoice Number: FF9367		Amount:	23.40
Description: A/Sax LIG/Cap Dark		Invoice Date: 10/08/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73887	Check Date: 12/02/2025	CC:	
<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 1100 610 2 001 1194	A/Sax LIG/Cap Dark		23.40		N	
Vendor ID: DIETMUSI	DIETZE MUSIC HOUSE	PO Number:	Invoice Number: FF9368		Amount:	23.40
Description: T/sax lig/cap dark		Invoice Date: 10/08/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73887	Check Date: 12/02/2025	CC:	
<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 1100 610 2 002 1194	T/sax lig/cap dark		23.40		N	
Vendor ID: DIETMUSI	DIETZE MUSIC HOUSE	PO Number:	Invoice Number: FF9650		Amount:	270.00
Description: 76 KEY PORTABLE KYBD		Invoice Date: 10/17/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73887	Check Date: 12/02/2025	CC:	
<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 1100 610 2 001 1194	76 KEY PORTABLE KYBD		270.00		N	
Vendor ID: DIETMUSI	DIETZE MUSIC HOUSE	PO Number:	Invoice Number: FF9726		Amount:	215.10
Description: A/Sax MPC		Invoice Date: 10/20/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73887	Check Date: 12/02/2025	CC:	
<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 1100 610 2 001 1194	A/Sax MPC		215.10		N	
Vendor ID: DIETMUSI	DIETZE MUSIC HOUSE	PO Number:	Invoice Number: FF9743		Amount:	13.50
Description: Clarinet Swab, Oboe Silk Swab		Invoice Date: 10/20/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73887	Check Date: 12/02/2025	CC:	
<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 1100 610 2 002 1194	Clarinet Swab, Oboe Silk Swab		13.50		N	

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Vendor ID: DIETMUSI	DIETZE MUSIC HOUSE	PO Number:	Invoice Number: FF9752	Amount:	47.70
Description: valve oil, rotor oil petro., slide oil		Invoice Date: 10/20/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73887	Check Date: 12/02/2025	CC:
<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 1100 610 2 002 1194	valve oil, rotor oil petro., slide oil		47.70		N
Vendor ID: DIETMUSI	DIETZE MUSIC HOUSE	PO Number:	Invoice Number: FF9787	Amount:	25.00
Description: Jupiter Bari Sax service, screws		Invoice Date: 10/21/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73887	Check Date: 12/02/2025	CC:
<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 1100 610 2 002 1194	Jupiter Bari Sax service, screws		25.00		N
Vendor ID: DIETMUSI	DIETZE MUSIC HOUSE	PO Number:	Invoice Number: FF9803	Amount:	150.00
Description: Cerveny Tuba		Invoice Date: 10/22/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73887	Check Date: 12/02/2025	CC:
<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 1100 610 2 001 1194	Cerveny Tuba		150.00		N
Vendor ID: DIETMUSI	DIETZE MUSIC HOUSE	PO Number:	Invoice Number: FF9857	Amount:	7.16
Description: JZ Perf/Guitar		Invoice Date: 10/23/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73887	Check Date: 12/02/2025	CC:
<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 1100 610 2 002 1194	JZ Perf/Guitar		7.16		N
Vendor ID: DIETMUSI	DIETZE MUSIC HOUSE	PO Number:	Invoice Number: FG0246	Amount:	285.75
Description: New Guitar MS		Invoice Date: 11/06/2025	Due Date: 12/16/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45134	Check Date: 12/16/2025	CC:
<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>
05 2900 890 2 002 0622	New Guitar MS		285.75		N
Vendor ID: DORGRE	DOREMUS, GREYSON	PO Number:	Invoice Number: ANGEL TREE	Amount:	166.03
Description: ANGEL TREE WISHES		Invoice Date: 12/10/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46045	Check Date: 12/12/2025	CC:
<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>
05 2900 890 2 001 0370	ANGEL TREE WISHES		166.03		N
Vendor ID: DOYMIK	DOYLE, MIKE	PO Number:	Invoice Number: WREST 1/10	Amount:	275.00
Description: WRESTLING OFFICIAL 1/10/26		Invoice Date: 12/29/2025	Due Date: 12/29/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46114	Check Date: 12/29/2025	CC:
<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>
05 2900 890 2 001 0116	WRESTLING OFFICIAL 1/10/26		275.00		N
Vendor ID: DREAMSEAT	DREAMSEATS LLC	PO Number:	Invoice Number: 4788350	Amount:	1,760.00
Description: SIDELINE CHAIRS		Invoice Date: 12/18/2025	Due Date: 12/29/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46115	Check Date: 12/29/2025	CC:

Invoice Listing - Detail

<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>
05 2900 890 2 001 0114	SIDELINE CHAIRS		1,760.00		N	
Vendor ID: DUBCOL	DUBAS, COLE	PO Number:	Invoice Number: GBB 12/29		Amount:	65.00
Description: 9TH GBB 12/29		Invoice Date: 12/18/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46076	Check Date: 12/18/2025	CC:	
<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>
05 2900 890 2 001 0116	9TH GBB 12/29		65.00		N	
Vendor ID: DUEAAR	DUEKER, AARON	PO Number:	Invoice Number: EMC BB 12/19		Amount:	195.00
Description: BBB/GBB EMC CONFERENCE GAMES 12/19		Invoice Date: 12/18/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 195.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46077	Check Date: 12/18/2025	CC:	
<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>
05 2900 890 2 001 0116	BBB/GBB EMC CONFERENCE GAMES 12/19		195.00	195.00	N	
Vendor ID: EAKESO	EAKES OFFICE SOLUTIONS	PO Number:	Invoice Number: 9230610-0		Amount:	164.76
Description: Towel/Transcend, Kraft/Hamlow Elementary		Invoice Date: 12/30/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73888	Check Date: 12/02/2025	CC:	
<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 2620 431 1 004	NON-TECH RELATED REPAIRS & MAINTENANCE		164.76		N	
Vendor ID: EAKESO	EAKES OFFICE SOLUTIONS	PO Number:	Invoice Number: 9231372-0		Amount:	823.80
Description: Supplies		Invoice Date: 12/31/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73888	Check Date: 12/02/2025	CC:	
<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 2410 610 2 002	GENERAL SUPPLIES		823.80		N	
Vendor ID: EAKESO	EAKES OFFICE SOLUTIONS	PO Number:	Invoice Number: 9231658-0		Amount:	219.68
Description: Supplies/Waverly Intermediate		Invoice Date: 12/03/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73888	Check Date: 12/02/2025	CC:	
<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 2410 610 1 006	towel, hw, 7.9x1000		219.68		N	
Vendor ID: EAKESO	EAKES OFFICE SOLUTIONS	PO Number:	Invoice Number: 9233935-0		Amount:	617.57
Description: Office Supplies		Invoice Date: 12/06/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73888	Check Date: 12/02/2025	CC:	
<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 2610 610 1 003	GENERAL SUPPLIES		617.57		N	
Vendor ID: EAKESO	EAKES OFFICE SOLUTIONS	PO Number:	Invoice Number: 9235122-0		Amount:	94.98
Description: wipes, screen disinfect, clorox		Invoice Date: 11/07/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73888	Check Date: 12/02/2025	CC:	
<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 2620 610 1 003	GENERAL SUPPLIES		94.98		N	

Invoice Listing - Detail

Vendor ID: EAKESO	EAKES OFFICE SOLUTIONS	PO Number:	Invoice Number: 9235124-0	Amount: 173.85
Description: wipes, disinfecting clorox, 409		Invoice Date: 11/07/2025	Due Date: 12/02/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73888	Check Date: 12/02/2025
<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 2620 610 1 003	wipes, disinfecting clorox, 409		173.85	Asset/Asset Tag N
<u>In Full</u>				
Vendor ID: EAKESO	EAKES OFFICE SOLUTIONS	PO Number:	Invoice Number: 9236609-0	Amount: 335.48
Description: supplies/hamlow elementary		Invoice Date: 12/11/2025	Due Date: 12/17/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73888	Check Date: 12/02/2025
<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 2610 610 1 004	GENERAL SUPPLIES		335.48	Asset/Asset Tag N
<u>In Full</u>				
Vendor ID: EAKESO	EAKES OFFICE SOLUTIONS	PO Number:	Invoice Number: 9245017-0	Amount: 817.14
Description: Tissues, towel, waxed liner, liners		Invoice Date: 12/01/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73993	Check Date: 01/06/2026
<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 2410 610 2 002	Tissues, towel, waxed liner, liners		817.14	Asset/Asset Tag N
<u>In Full</u>				
Vendor ID: EAKESO	EAKES OFFICE SOLUTIONS	PO Number:	Invoice Number: 9246799-0	Amount: 250.12
Description: Towel/Soap		Invoice Date: 12/02/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73993	Check Date: 01/06/2026
<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 2410 610 1 004	Towel/Soap		250.12	Asset/Asset Tag N
<u>In Full</u>				
Vendor ID: EAKESO	EAKES OFFICE SOLUTIONS	PO Number:	Invoice Number: INV710384	Amount: 6,940.15
Description: Contract billing charge 9/1/25-11/30/25		Invoice Date: 12/01/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73993	Check Date: 01/06/2026
<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 2510 443 0 000	Contract billing charge 9/1/25-11/30/25		6,940.15	Asset/Asset Tag N
<u>In Full</u>				
Vendor ID: EASTER2	EASTERN MIDLANDS CONFERENCE	PO Number:	Invoice Number: SB	Amount: 1,554.00
Description: HASTINGS SB		Invoice Date: 12/10/2025	Due Date: 12/12/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46046	Check Date: 12/12/2025
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
05 2900 890 2 001 0112	HASTINGS SB		1,554.00	Asset/Asset Tag N
<u>In Full</u>				
Vendor ID: EASTER2	EASTERN MIDLANDS CONFERENCE	PO Number:	Invoice Number: VB CHAMPS	Amount: 532.00
Description: CHECK MADE OUT TO WHS INSTEAD OF EMC		Invoice Date: 12/29/2025	Due Date: 12/29/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46116	Check Date: 12/29/2025
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
05 2900 890 2 001 0112	CHECK MADE OUT TO WHS INSTEAD OF EMC		532.00	Asset/Asset Tag N
<u>In Full</u>				
Vendor ID: ECLIPS	ECLIPSE INC	PO Number:	Invoice Number: 56678	Amount: 486.60
Description: THEATRE CLUB T-SHIRTS		Invoice Date: 12/03/2025	Due Date: 12/05/2025	Status: P 1099 Amount: 0.00

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Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46024	Check Date: 12/05/2025	CC:
<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>
05 2900 890 2 001 0311	THEATRE CLUB T-SHIRTS		486.60		N
Vendor ID: ECLIPS	ECLIPSE INC	PO Number:	Invoice Number: 59342	Amount:	344.40
Description: STUCO SHIRTS		Invoice Date: 09/05/2025	Due Date: 12/05/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46024	Check Date: 12/05/2025	CC:
<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>
05 2900 890 2 001 0370	STUCO SHIRTS		344.40		N
Vendor ID: EDWRYA	EDWARDS, RYAN	PO Number:	Invoice Number: JV BBB 12/4	Amount:	75.00
Description: BOYS JV BB 12/4/25		Invoice Date: 12/02/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45987	Check Date: 12/03/2025	CC:
<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>
05 2900 890 2 001 0116	BOYS JV BB 12/4/25		75.00		N
Vendor ID: ELECTR	ELECTRONIC CONTRACTING	PO Number:	Invoice Number: 79318	Amount:	78.75
Description: Fire Alarm Inspection/Waverly Intermed		Invoice Date: 12/31/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73889	Check Date: 12/02/2025	CC:
<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 2620 431 1 006	Callbill-Fixed		78.75		0.00 N
Vendor ID: ELECTR	ELECTRONIC CONTRACTING	PO Number:	Invoice Number: 79319	Amount:	78.75
Description: Fire Alarm Inspection/Central Office		Invoice Date: 12/31/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73889	Check Date: 12/02/2025	CC:
<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 2620 431 0 000	CallBill Fixed		78.75		N
Vendor ID: ELECTR	ELECTRONIC CONTRACTING	PO Number:	Invoice Number: 79320	Amount:	78.75
Description: Fire Alarm Inspection/Waverly Intermed		Invoice Date: 12/31/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73889	Check Date: 12/02/2025	CC:
<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 2620 431 1 006	CallBill-Fixed		78.75		0.00 N
Vendor ID: ELECTR	ELECTRONIC CONTRACTING	PO Number:	Invoice Number: 79334	Amount:	85.05
Description: Alarm Monitoring Services/Eagle Elementa		Invoice Date: 12/01/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73889	Check Date: 12/02/2025	CC:
<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 2620 431 1 003	Monitoring		85.05		0.00 N
Vendor ID: ELECTR	ELECTRONIC CONTRACTING	PO Number:	Invoice Number: 79442	Amount:	141.75
Description: Alarm Monitoring Services/Waverly Intern		Invoice Date: 12/01/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73889	Check Date: 12/02/2025	CC:
<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 2620 431 1 006	Alarm Monitoring		141.75		0.00 N

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Vendor ID: ELECTR	ELECTRONIC CONTRACTING	PO Number:	Invoice Number: 80506	Amount: 135.00
Description: Alarm Central Monitoring Services HS		Invoice Date: 12/01/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73994	Check Date: 01/06/2026 CC:
<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 2620 431 2 001	Alarm Central Monitoring Services		135.00	N
Vendor ID: ELECTR	ELECTRONIC CONTRACTING	PO Number:	Invoice Number: 80507	Amount: 135.00
Description: Alarm Central Monitoring Services MS		Invoice Date: 12/01/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73994	Check Date: 01/06/2026 CC:
<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 2620 431 2 002	Alarm Central Monitoring Services MS		135.00	N
Vendor ID: ELKHORNRI	ELKHORN RIDGE MIDDLE SCHOOL	PO Number:	Invoice Number: MS GIRLS WR 11/22	Amount: 100.00
Description: GIRLS MIDDLE SCHOOL WR 11/22		Invoice Date: 12/01/2025	Due Date: 12/03/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45988	Check Date: 12/03/2025 CC:
<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>
05 2900 890 2 001 0117	GIRLS MIDDLE SCHOOL WR 11/22		100.00	N
Vendor ID: ERILIN	ERICKSON, LINDSAY	PO Number:	Invoice Number: 11/23-12-20	Amount: 316.04
Description: EVENT WORKER PAY 11/23/25 - 12-20-25		Invoice Date: 12/30/2025	Due Date: 12/30/2025	Status: P 1099 Amount: 316.04
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46137	Check Date: 12/30/2025 CC:
<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>
05 2900 890 2 001 0114	EVENT WORKER PAY 11/23/25 - 12-20-25		316.04	316.04 N
Vendor ID: ERILIN	ERICKSON, LINDSAY	PO Number:	Invoice Number: EVENT WORKER PAY 10/	Amount: 270.70
Description: EVENT WORKER PAY 10/19 - 11/22		Invoice Date: 12/02/2025	Due Date: 12/03/2025	Status: P 1099 Amount: 270.70
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45989	Check Date: 12/03/2025 CC:
<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>
05 2900 890 2 001 0114	EVENT WORKER PAY 10/19 - 11/22		270.70	270.70 N
Vendor ID: ESU3	ESU #3	PO Number:	Invoice Number: EM15539	Amount: 100.00
Description: KJ and SB		Invoice Date: 12/23/2025	Due Date: 12/23/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73965	Check Date: 12/02/2025 CC:
<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 2141 320 1 004	KJ and SB		50.00	N
01 2141 320 2 002	KJ and SB		50.00	N
Vendor ID: ESU3	ESU #3	PO Number:	Invoice Number: EM15611	Amount: 115.00
Description: CPI Initial Training-Scoot Shepard(HS)		Invoice Date: 11/17/2025	Due Date: 12/02/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73890	Check Date: 12/02/2025 CC:
<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 2213 330 2 001	EMPLOYEE TRAINING AND DEVELOPMENT SVS		115.00	N
Vendor ID: ESU3	ESU #3	PO Number:	Invoice Number: EM15643	Amount: 20.00

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Description: S.B./K.J PSYCH
 Sequence: 1 Check Type: Check
Chart of Account Number Detail Description
 01 2141 320 1 004 S.B./K.J PSYCH
 01 2141 320 2 002 S.B./K.J PSYCH

Invoice Date: 12/23/2025 Due Date: 12/23/2025 Status: P 1099 Amount: 0.00
 Invoice Date: 12/23/2025 Due Date: 12/23/2025 Status: P 1099 Amount: 0.00
 Check Number: 73965 Check Date: 12/02/2025 CC:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 10.00 N
 10.00 N

Vendor ID: ESU6 ESU #6 PO Number: Invoice Number: 11/24/25E-Book Amount: 1,136.05

Description: Sora Subscription e-Book Consortium
 Sequence: 1 Check Type: Check
Chart of Account Number Detail Description
 01 2230 735 0 000 Sora Subscription e-Book Consortium

Invoice Date: 10/28/2025 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
 Invoice Date: 10/28/2025 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
 Check Number: 73891 Check Date: 12/02/2025 CC:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 1,136.05 N

Vendor ID: ESU6 ESU #6 PO Number: Invoice Number: 11/24/25Math Amount: 1,140.00

Description: Professional Dev. Workshops
 Sequence: 1 Check Type: Check
Chart of Account Number Detail Description
 01 2212 340 0 000 Math Professionaal Devlopment Workshop
 01 2212 340 0 000 CTE Collaboration Development Workshop

Invoice Date: 10/28/2025 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
 Invoice Date: 10/28/2025 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
 Check Number: 73891 Check Date: 12/02/2025 CC:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 1,050.00 N
 90.00 N

Vendor ID: ESU6 ESU #6 PO Number: Invoice Number: 11/24/25TechHost Amount: 620.98

Description: Technology Hosted Services
 Sequence: 1 Check Type: Check
Chart of Account Number Detail Description
 01 2230 320 0 000 Technology Hosted Services

Invoice Date: 10/01/2025 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
 Invoice Date: 10/01/2025 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
 Check Number: 73891 Check Date: 12/02/2025 CC:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 620.98 N

Vendor ID: ESU6 ESU #6 PO Number: Invoice Number: 11/25/25AutismWrkshp Amount: 90.00

Description: Autism Workshop
 Sequence: 1 Check Type: Check
Chart of Account Number Detail Description
 01 1200 320 1 004 1221 Autism Workshop
 01 1200 320 1 006 1221 Autism Workshop

Invoice Date: 11/24/2025 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
 Invoice Date: 11/24/2025 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
 Check Number: 73966 Check Date: 12/02/2025 CC:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 60.00 N
 30.00 N

Vendor ID: ESU6 ESU #6 PO Number: Invoice Number: 11/25/25BL Amount: 100.00

Description: Bond Proposal Logo Graphic
 Sequence: 1 Check Type: Check
Chart of Account Number Detail Description
 01 2310 320 0 000 Bond Proposal Logo Graphic

Invoice Date: 11/17/2025 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
 Invoice Date: 11/17/2025 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
 Check Number: 73966 Check Date: 12/02/2025 CC:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 100.00 N

Vendor ID: ESU6 ESU #6 PO Number: Invoice Number: 11/25/25ProfDev Amount: 900.00

Description: Professional Development Workshops
 Sequence: 1 Check Type: Check
Chart of Account Number Detail Description
 01 2212 340 0 000 Professional Development Workshops

Invoice Date: 11/24/2025 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
 Invoice Date: 11/24/2025 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
 Check Number: 73966 Check Date: 12/02/2025 CC:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 900.00 N

Vendor ID: ESU6 ESU #6 PO Number: Invoice Number: 11/25/25TechHost Amount: 620.98

Invoice Listing - Detail

Description: Technology Hosted Services		Invoice Date: 11/24/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73966	Check Date: 12/02/2025	CC:
<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 2230 320 0 000	Technology Hosted Services		620.98		N
Vendor ID: ESU6	ESU #6	PO Number:	Invoice Number: 112325LEKP	Amount:	100.00
Description: Creating a Verbal Behavior Program		Invoice Date: 12/23/2025	Due Date: 12/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73966	Check Date: 12/02/2025	CC:
<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 1200 320 1 004 1221	Creating a Verbal Behavior Program L.E		50.00		N
01 1200 320 1 006 1221	Creating a Verbal Behavior Program K.P		50.00		N
Vendor ID: ESU6	ESU #6	PO Number:	Invoice Number: 112325MDT	Amount:	40.00
Description: MDT Workshop SB/KJ		Invoice Date: 12/23/2025	Due Date: 12/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73966	Check Date: 12/02/2025	CC:
<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 2141 320 2 002	MDT Workshop SB/KJ		20.00		N
01 2141 320 2 001	MDT Workshop SB/KJ		20.00		N
Vendor ID: ESU6	ESU #6	PO Number:	Invoice Number: INV12/2/25	Amount:	50.25
Description: Lamination MS		Invoice Date: 09/30/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73995	Check Date: 01/06/2026	CC:
<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 1100 610 2 002 1111	Lamination MS		50.25		N
Vendor ID: ESU6	ESU #6	PO Number:	Invoice Number: INV12/2/25-1	Amount:	54.75
Description: Lamination HS		Invoice Date: 09/30/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73995	Check Date: 01/06/2026	CC:
<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 1100 610 2 001 1111	Lamination HS		54.75		N
Vendor ID: FAIRBURY	FAIRBURY HIGH SCHOOL	PO Number:	Invoice Number: GIRL WREST 12/18	Amount:	175.00
Description: GIRLS WRESTLING INVITE 12/18		Invoice Date: 12/11/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46047	Check Date: 12/12/2025	CC:
<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>
05 2900 890 2 001 0117	GIRLS WRESTLING INVITE 12/18		175.00		N
Vendor ID: FANGBA	FANGMEYER, BARRY	PO Number:	Invoice Number: JV BB 12/4	Amount:	75.00
Description: GIRLS JV BB 12/4		Invoice Date: 12/02/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 75.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45990	Check Date: 12/03/2025	CC:
<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>
05 2900 890 2 001 0116	GIRLS JV BB 12/4		75.00	75.00	N
Vendor ID: FBLAMA	FBLA	PO Number:	Invoice Number: 65772	Amount:	75.00
Description: WAVERLY DUES		Invoice Date: 09/11/2025	Due Date: 12/29/2025	Status: P	1099 Amount: 0.00

Invoice Listing - Detail

Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46117	Check Date: 12/29/2025	CC:
<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>
05 2900 890 2 001 0315	WAVERLY DUES		75.00		N
Vendor ID: FBLAMA	FBLA	PO Number:	Invoice Number: 89529	Amount:	315.00
Description: WAVERLY DUES		Invoice Date: 12/19/2025	Due Date: 12/29/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46117	Check Date: 12/29/2025	CC:
<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>
05 2900 890 2 001 0315	WAVERLY DUES		315.00		N
Vendor ID: FILTERS	FILTER SHOP, INC, THE	PO Number:	Invoice Number: 263369	Amount:	2,909.40
Description: District Filters		Invoice Date: 12/31/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73892	Check Date: 12/02/2025	CC:
<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 2620 610 0 000	GENERAL SUPPLIES		2,894.40		N
01 2620 610 0 000	Delivery		15.00		N
Vendor ID: FILTERS	FILTER SHOP, INC, THE	PO Number:	Invoice Number: 265171	Amount:	331.20
Description: Filters Hamlow and MS		Invoice Date: 11/21/2025	Due Date: 12/21/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73892	Check Date: 12/02/2025	CC:
<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 2620 610 1 004	Filters Hamlow(kitchen)		67.20		N
01 2620 610 2 002	Filters MS(hallways)		264.00		N
Vendor ID: FINALTOUCH	Final Touch Auto Resoration, The	PO Number:	Invoice Number: 0000927	Amount:	486.62
Description: Paint Material/Prep&paint Battery assces		Invoice Date: 11/23/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73893	Check Date: 12/02/2025	CC:
<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 2710 739 0 000	Paint Material/Prep&paint Battery assces		486.62		N
Vendor ID: FIRESF	FIRESPRING	PO Number:	Invoice Number: 463719	Amount:	1,009.74
Description: Postcard Mailing/Mailing Services		Invoice Date: 11/21/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73996	Check Date: 01/06/2026	CC:
<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 1100 610 2 001 1110	Postcard Mailing/Mailing Services		1,009.74		N
Vendor ID: FIRSTS	FIRST STATE BANK	PO Number:	Invoice Number: 12/08/2025	Amount:	200.00
Description: CANDY CANE SALES		Invoice Date: 12/09/2025	Due Date: 12/09/2025	Status: V	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:
<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>
05 2900 890 2 002 0530	CANDY CANE SALES		200.00		N
Vendor ID: FIRSTS	FIRST STATE BANK	PO Number:	Invoice Number: 20251210	Amount:	200.00
Description: Cash for Candy Cane Sales		Invoice Date: 12/10/2025	Due Date: 12/10/2025	Status: V	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:

Invoice Listing - Detail

<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>
05 2900 890 2 002 0530	Cash for Candy Sale		200.00		N	
Vendor ID: FIRSTS	FIRST STATE BANK	PO Number:	Invoice Number: MISCELLANEOUS		Amount:	200.00
Description: CANDY CANE SALES FOR MS STU CO		Invoice Date: 12/05/2025	Due Date: 12/05/2025	Status: V	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:	
<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>
05 2900 890 2 002 0530	CANDY CANE SALES FOR MS STU CO		200.00		N	
Vendor ID: FIRSTS	FIRST STATE BANK	PO Number:	Invoice Number: STUCO		Amount:	200.00
Description: STUDENT COUNCIL CANDY SALES		Invoice Date: 12/09/2025	Due Date: 12/09/2025	Status: V	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:	
<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>
05 2900 890 2 002 0530	STUDENT COUNCIL CANDY SALES		200.00		N	
Vendor ID: FIRSTS	FIRST STATE BANK	PO Number:	Invoice Number: STUCO CANDY SALES		Amount:	200.00
Description: CASH FOR CANDY CANE SALES		Invoice Date: 12/04/2025	Due Date: 12/04/2025	Status: V	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:	
<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>
05 2900 890 2 002 0530	CASH FOR CANDY CANE SALES		200.00		N	
Vendor ID: FIRSTS	FIRST STATE BANK	PO Number:	Invoice Number: V*112025CASH		Amount:	(700.00)
Description: CASH MIDDLE SCHOOL PTO		Invoice Date: 12/11/2025	Due Date: 11/20/2025	Status: V	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:	
<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>
05 2900 890 2 002 0540	CASH MIDDLE SCHOOL PTO		(700.00)		N	
Vendor ID: FIRSTS	FIRST STATE BANK	PO Number:	Invoice Number: V*12/08/2025		Amount:	(200.00)
Description: CANDY CANE SALES		Invoice Date: 12/11/2025	Due Date: 12/09/2025	Status: V	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:	
<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>
05 2900 890 2 002 0530	CANDY CANE SALES		(200.00)		N	
Vendor ID: FIRSTS	FIRST STATE BANK	PO Number:	Invoice Number: V*20251210		Amount:	(200.00)
Description: Cash for Candy Cane Sales		Invoice Date: 12/11/2025	Due Date: 12/10/2025	Status: V	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:	
<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>
05 2900 890 2 002 0530	Cash for Candy Sale		(200.00)		N	
Vendor ID: FIRSTS	FIRST STATE BANK	PO Number:	Invoice Number: V*MISCELLANEOUS		Amount:	(200.00)
Description: CANDY CANE SALES FOR MS STU CO		Invoice Date: 12/09/2025	Due Date: 12/05/2025	Status: V	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:	
<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>
05 2900 890 2 002 0530	CANDY CANE SALES FOR MS STU CO		(200.00)		N	

Invoice Listing - Detail

Vendor ID: FIRSTS	FIRST STATE BANK	PO Number:	Invoice Number: V*STUCO	Amount:	(200.00)
Description: STUDENT COUNCIL CANDY SALES		Invoice Date: 12/09/2025	Due Date: 12/09/2025	Status: V	1099 Amount: 0.00
Sequence: 1	Check Type: Checking Account ID:	Check Number:	Check Date:	CC:	
<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>
05 2900 890 2 002 0530	STUDENT COUNCIL CANDY SALES		(200.00)		N
Vendor ID: FIRSTS	FIRST STATE BANK	PO Number:	Invoice Number: V*STUCO CANDY SALES	Amount:	(200.00)
Description: CASH FOR CANDY CANE SALES		Invoice Date: 12/09/2025	Due Date: 12/04/2025	Status: V	1099 Amount: 0.00
Sequence: 1	Check Type: Checking Account ID:	Check Number:	Check Date:	CC:	
<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>
05 2900 890 2 002 0530	CASH FOR CANDY CANE SALES		(200.00)		N
Vendor ID: FITAND	FITZKE, ANDREW	PO Number:	Invoice Number: BB 12/4	Amount:	200.00
Description: B/G VARISTY BB 12/4		Invoice Date: 12/01/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 200.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45991	Check Date: 12/03/2025	CC:
<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>
05 2900 890 2 001 0116	B/G VARSITY BB 12/4		200.00	200.00	N
Vendor ID: FKELECTRIC	FK ELECTRIC	PO Number:	Invoice Number: F-542	Amount:	3,262.60
Description: Emergency shut off add.		Invoice Date: 12/01/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73997	Check Date: 01/06/2026	CC:
<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 1100 610 2 001 1198	Emergency shut off add.		3,262.60		N
Vendor ID: FLISTE	FLINK, STEPHANIE	PO Number:	Invoice Number: PARTY	Amount:	61.54
Description: HOLIDAY PARTY SUPPLIES		Invoice Date: 12/18/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46078	Check Date: 12/18/2025	CC:
<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>
05 2900 890 2 001 0445	HOLIDAY PARTY SUPPLIES		61.54		N
Vendor ID: FLONIC	FLODMAN, NICHOLE	PO Number:	Invoice Number: 114-5626156-011141	Amount:	118.00
Description: COFFEE MAKER REIMBURSEMENT		Invoice Date: 12/11/2025	Due Date: 12/11/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45113	Check Date: 12/17/2025	CC:
<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>
05 2900 890 1 004 0880	COFFEE MAKER REIMBURSEMENT		118.00		N
Vendor ID: FLONIC	FLODMAN, NICHOLE	PO Number:	Invoice Number: 12/08/20252	Amount:	118.00
Description: COFFEE MAKER REIMBURSEMENT		Invoice Date: 12/09/2025	Due Date: 12/09/2025	Status: V	1099 Amount: 0.00
Sequence: 1	Check Type: Checking Account ID:	Check Number:	Check Date:	CC:	
<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>
05 2900 890 1 004 0880	COFFEE MAKER REIMBURSEMENT		118.00		N
Vendor ID: FLONIC	FLODMAN, NICHOLE	PO Number:	Invoice Number: 20251204	Amount:	118.00
Description: COFFEE MAKER REIMBURSEMENT		Invoice Date: 12/04/2025	Due Date: 12/04/2025	Status: V	1099 Amount: 0.00

Invoice Listing - Detail

Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:
<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>
05 2900 890 1 004 0880	COFFEE MAKER REIMBURSEMENT		118.00		N

Vendor ID: FLONIC	FLODMAN, NICHOLE	PO Number:	Invoice Number: V*12/08/20252	Amount:	(118.00)
Description: COFFEE MAKER REIMBURSEMENT		Invoice Date: 12/14/2025	Due Date: 12/09/2025	Status: V	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:
<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>
05 2900 890 1 004 0880	COFFEE MAKER REIMBURSEMENT		(118.00)		N

Vendor ID: FLONIC	FLODMAN, NICHOLE	PO Number:	Invoice Number: V*20251204	Amount:	(118.00)
Description: COFFEE MAKER REIMBURSEMENT		Invoice Date: 12/09/2025	Due Date: 12/04/2025	Status: V	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:
<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>
05 2900 890 1 004 0880	COFFEE MAKER REIMBURSEMENT		(118.00)		N

Vendor ID: FOSAUD	FOSTER, AUDREY	PO Number:	Invoice Number: FCCLA	Amount:	79.26
Description: MTG SUPPLIES CRAFTS & QUILT BATTING		Invoice Date: 12/04/2025	Due Date: 12/05/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46025	Check Date: 12/05/2025	CC:
<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>
05 2900 890 2 001 0325	MTG SUPPLIES CRAFTS & QUILT BATTING		79.26		N

Vendor ID: FOUNDA	FOUNDATION FOR EDUCATION	PO Number:	Invoice Number: FBLA	Amount:	150.00
Description: FBLA SCHOLARSHIP		Invoice Date: 12/22/2025	Due Date: 12/29/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46118	Check Date: 12/29/2025	CC:
<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>
05 2900 890 2 001 0315	FBLA SCHOLARSHIP		150.00		N

Vendor ID: FOUNDA	FOUNDATION FOR EDUCATION	PO Number:	Invoice Number: HAM/WIS PTO Scholars	Amount:	1,000.00
Description: Ham/PTO Scholarship 12.16.25		Invoice Date: 12/16/2025	Due Date: 12/16/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45135	Check Date: 12/16/2025	CC:
<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>
05 2900 890 1 004 0880	Ham/PTO Scholarship 12.16.25		1,000.00		N

Vendor ID: FOUNDA	FOUNDATION FOR EDUCATION	PO Number:	Invoice Number: SCHOLAR	Amount:	1,000.00
Description: FARM TO FORK SCHOLARSHIPS		Invoice Date: 12/14/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46079	Check Date: 12/18/2025	CC:
<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>
05 2900 890 0 000 0895	FARM TO FORK SCHOLARSHIPS		1,000.00		N

Vendor ID: FRANKIE	FRANKIE REINWALD	PO Number:	Invoice Number: 12/08/20257	Amount:	28.00
Description: DONUTS FOR READING CLUB		Invoice Date: 12/09/2025	Due Date: 12/09/2025	Status: V	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:
<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>
05 2900 890 1 003 0805	DONUTS FOR READING CLUB		28.00		N

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Vendor ID: FRANKIE	FRANKIE REINWALD	PO Number:	Invoice Number: 12/11/2025	Amount:	28.00
Description: DONUTS FOR READING CLUB		Invoice Date: 12/11/2025	Due Date: 12/11/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45114	Check Date: 12/17/2025	CC:
<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>
05 2900 890 1 003 0805	DONUTS FOR READING CLUB		28.00		N
Vendor ID: FRANKIE	FRANKIE REINWALD	PO Number:	Invoice Number: V*12/08/20257	Amount:	(28.00)
Description: DONUTS FOR READING CLUB		Invoice Date: 12/14/2025	Due Date: 12/09/2025	Status: V	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number:	Check Date:	CC:
<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>
05 2900 890 1 003 0805	DONUTS FOR READING CLUB		(28.00)		N
Vendor ID: FRIJOE	FRITZ, JOEL	PO Number:	Invoice Number: HOOPS GEEK	Amount:	99.00
Description: HOOPS GEEK PRO SUBSCRIPTION		Invoice Date: 12/18/2025	Due Date: 12/29/2025	Status: P	1099 Amount: 99.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46119	Check Date: 12/29/2025	CC:
<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>
05 2900 890 2 001 0202	HOOPS GEEK PRO SUBSCRIPTION		99.00	99.00	N
Vendor ID: FRONTL	FRONTLINE TECHNOLOGIES	PO Number:	Invoice Number: US234754	Amount:	4,125.00
Description: Frontline Implementation		Invoice Date: 12/05/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 4,125.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73998	Check Date: 01/06/2026	CC:
<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 2310 735 0 000	Frontline Implementation		4,125.00	4,125.00	N
Vendor ID: FRONTL	FRONTLINE TECHNOLOGIES	PO Number:	Invoice Number: US234755	Amount:	5,003.56
Description: Frontline Central Solutions/training pkg		Invoice Date: 12/05/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 5,003.56
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73998	Check Date: 01/06/2026	CC:
<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 2310 735 0 000	Frontline Central Solutions/training pkg		5,003.56	5,003.56	N
Vendor ID: FUCHS	Fuchs, Joe	PO Number:	Invoice Number: 25-010	Amount:	50.00
Description: Bagpipe Performance		Invoice Date: 12/12/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73894	Check Date: 12/02/2025	CC:
<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 1100 610 2 001 1111	Bagpipe Performance		50.00		N
Vendor ID: GAMEONE	GAME ONE	PO Number:	Invoice Number: 10526777	Amount:	1,515.80
Description: YOUTH WRESTLING SHIRTS		Invoice Date: 12/01/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45992	Check Date: 12/03/2025	CC:
<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>
05 2900 890 2 001 0185	YOUTH WRESTLING SHIRTS		1,515.80		N
Vendor ID: GAMEONE	GAME ONE	PO Number:	Invoice Number: 10528959	Amount:	1,584.04
Description: YOUTH WRESTLING SHORT		Invoice Date: 12/04/2025	Due Date: 12/05/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46026	Check Date: 12/05/2025	CC:

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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>
05 2900 890 2 001 0185	YOUTH WRESTLING SHORT		1,584.04		N	
Vendor ID: GAMEONE GAME ONE		PO Number:	Invoice Number: 10530349		Amount: 442.89	
Description: COACHES POLOS		Invoice Date: 12/08/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46048	Check Date: 12/12/2025	CC:	
<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>
05 2900 890 2 001 0207	COACHES POLOS		442.89		N	
Vendor ID: GAMEONE GAME ONE		PO Number:	Invoice Number: 10530350		Amount: 2,057.25	
Description: GIRLS WRESTLING SINGLETs		Invoice Date: 12/08/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46048	Check Date: 12/12/2025	CC:	
<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>
05 2900 890 2 001 0134	GIRLS WRESTLING SINGLETs		2,057.25		N	
Vendor ID: GAMEONE GAME ONE		PO Number:	Invoice Number: 10532140		Amount: 707.56	
Description: YOUTH COACHES APPAREL		Invoice Date: 12/11/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46048	Check Date: 12/12/2025	CC:	
<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>
05 2900 890 2 001 0185	YOUTH COACHES APPAREL		707.56		N	
Vendor ID: GAMEONE GAME ONE		PO Number:	Invoice Number: 10533156		Amount: 348.73	
Description: BOARD SHIRTS		Invoice Date: 12/12/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46080	Check Date: 12/18/2025	CC:	
<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>
05 2900 890 2 001 0185	BOARD SHIRTS		348.73		N	
Vendor ID: GAMEONE GAME ONE		PO Number:	Invoice Number: 10533653		Amount: 2,468.70	
Description: GIRLS WRESTLING SINGLETs		Invoice Date: 12/15/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46080	Check Date: 12/18/2025	CC:	
<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>
05 2900 890 2 001 0134	GIRLS WRESTLING SINGLETs		2,468.70		N	
Vendor ID: GAMEONE GAME ONE		PO Number:	Invoice Number: 1887546		Amount: 800.00	
Description: COACHES APPAREL		Invoice Date: 11/28/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45992	Check Date: 12/03/2025	CC:	
<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>
05 2900 890 2 001 0185	COACHES APPAREL		800.00		N	
Vendor ID: GANMAR GANGWISH, MARY		PO Number:	Invoice Number: EVENT WORKER PAY 10/		Amount: 72.00	
Description: EVENT WORKER PAY 10/19 - 11/22		Invoice Date: 12/02/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 72.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45993	Check Date: 12/03/2025	CC:	
<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>
05 2900 890 2 001 0114	EVENT WORKER PAY 10/19 - 11/22		72.00	72.00	N	

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Vendor ID: GERBRE	GERLACH, BRENDEN	PO Number:	Invoice Number: MS BB 11/25	Amount:	90.00
Description: BOYS MS BB 11/25		Invoice Date: 12/01/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 90.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45994	Check Date: 12/03/2025	CC:
<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>
05 2900 890 2 001 0116	BOYS MS BB 11/25		90.00	90.00	N
Vendor ID: GLASER	GLASER CERAMICS, INC.	PO Number:	Invoice Number: 02486521	Amount:	346.52
Description: Art Supplies		Invoice Date: 12/07/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73895	Check Date: 12/02/2025	CC:
<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 1100 610 2 002 1190	GENERAL SUPPLIES		346.52		N
Vendor ID: GLASER	GLASER CERAMICS, INC.	PO Number:	Invoice Number: 02487280	Amount:	5,901.00
Description: Kiln Purchase		Invoice Date: 12/04/2025	Due Date: 01/06/2026	Status: V	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73999	Check Date: 01/06/2026	CC:
<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 1100 610 2 001 1196	Kiln Purchase		5,901.00		N
Vendor ID: GLASER	GLASER CERAMICS, INC.	PO Number:	Invoice Number: 02487280-2	Amount:	5,901.00
Description: Fall 2025 FFE Classroom Grant A.B.		Invoice Date: 12/23/2025	Due Date: 12/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45145	Check Date: 12/23/2025	CC:
<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>
05 2900 890 0 000 0965	Fall 2025 FFE Classroom Grant A.B.		5,901.00		N
Vendor ID: GREBRE	GREENFIELD, BRETT	PO Number:	Invoice Number: BB 12/22	Amount:	65.00
Description: 9TH BBB 12/22		Invoice Date: 12/11/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 65.00
Sequence: 2	Check Type: Check	Checking Account ID: 2	Check Number: 46050	Check Date: 12/12/2025	CC:
<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>
05 2900 890 2 001 0116	9TH BBB 12/22		65.00	65.00	N
Vendor ID: GREBRE	GREENFIELD, BRETT	PO Number:	Invoice Number: BB 12/8	Amount:	90.00
Description: 8TH GRADE BB 12/8		Invoice Date: 12/10/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 90.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46049	Check Date: 12/12/2025	CC:
<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>
05 2900 890 2 001 0116	8TH GRADE BB 12/8		90.00	90.00	N
Vendor ID: GREBRE	GREENFIELD, BRETT	PO Number:	Invoice Number: GBB 12/8	Amount:	70.00
Description: GIRLS RES BB 12/8		Invoice Date: 12/02/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 70.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45995	Check Date: 12/03/2025	CC:
<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>
05 2900 890 2 001 0116	GIRLS RES BB 12/8		70.00	70.00	N
Vendor ID: GREBRE	GREENFIELD, BRETT	PO Number:	Invoice Number: MS BBB11/25	Amount:	90.00
Description: BOYS MS BB 11/25		Invoice Date: 12/01/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 90.00
Sequence: 2	Check Type: Check	Checking Account ID: 2	Check Number: 45996	Check Date: 12/03/2025	CC:

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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>
05 2900 890 2 001 0116	BOYS MS BB 11/25		90.00	90.00	N	
Vendor ID: GRETER	GREVE, TERESA	PO Number:	Invoice Number: EVENT WORKER PAY		Amount:	180.00
Description: EVENT WORKER PAY 10/19 - 11/22		Invoice Date: 12/02/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45997	Check Date: 12/03/2025	CC:	
<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>
05 2900 890 2 001 0114	EVENT WORKER PAY 10/19 - 11/22		180.00		N	
Vendor ID: HAGANG	HAGAMAN, ANGELA	PO Number:	Invoice Number: 11/23-12/20		Amount:	114.75
Description: EVENT WORKER PAY 11/23/25 - 12-20-25		Invoice Date: 12/30/2025	Due Date: 12/30/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46138	Check Date: 12/30/2025	CC:	
<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>
05 2900 890 2 001 0114	EVENT WORKER PAY 11/23/25 - 12-20-25		114.75		N	
Vendor ID: HAGANG	HAGAMAN, ANGELA	PO Number:	Invoice Number: EVENT WORKER PAY		Amount:	108.00
Description: EVENT WORKER PAY 10/19 - 11/22		Invoice Date: 12/02/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45998	Check Date: 12/03/2025	CC:	
<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>
05 2900 890 2 001 0114	EVENT WORKER PAY 10/19 - 11/22		108.00		N	
Vendor ID: HAMILT	HAMILTON EQUIPMENT CO	PO Number:	Invoice Number: 52540R		Amount:	302.10
Description: lift rental Eagle/HS stadium work		Invoice Date: 12/13/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73896	Check Date: 12/02/2025	CC:	
<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 2620 440 0 000	lift rental Eagle/HS stadium work		302.10		N	
Vendor ID: HAMILT	HAMILTON EQUIPMENT CO	PO Number:	Invoice Number: R21228		Amount:	219.99
Description: Battery(Skid Loader)		Invoice Date: 10/31/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73896	Check Date: 12/02/2025	CC:	
<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 2610 610 0 000	Battery(Skid Loader)		219.99		N	
Vendor ID: HAMPTO2	HAMPTON INN KEARNEY	PO Number:	Invoice Number: 1763745672		Amount:	169.00
Description: Hotel Room/Kaitin Procacina		Invoice Date: 11/21/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74000	Check Date: 01/06/2026	CC:	
<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 1200 580 1 006 1221	Hotel Room/Kaitin Procacina		169.00		N	
Vendor ID: HARGRE	HARDIN, GREG	PO Number:	Invoice Number: BB 12/23		Amount:	100.00
Description: EMC BBB 12/23		Invoice Date: 12/23/2025	Due Date: 12/23/2025	Status: P	1099 Amount: 100.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46105	Check Date: 12/23/2025	CC:	
<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>
05 2900 890 2 001 0116	EMC BBB 12/23		100.00	100.00	N	

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Vendor ID: HARGRE	HARDIN, GREG	PO Number:	Invoice Number: V BB 12/6	Amount:	200.00
Description: B/G VARSITY BB 12/6		Invoice Date: 12/02/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 200.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45999	Check Date: 12/03/2025	CC:
<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>
05 2900 890 2 001 0116	B/G VARSITY BB 12/6		200.00	200.00	N
Vendor ID: HAREV	HARMS, EV	PO Number:	Invoice Number: EVENT WORKER PAY 10/	Amount:	36.00
Description: EVENT WORKER PAY 10/19 - 11/22		Invoice Date: 12/02/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46000	Check Date: 12/03/2025	CC:
<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>
05 2900 890 2 001 0114	EVENT WORKER PAY 10/19 - 11/22		36.00		N
Vendor ID: HARKEL	HARRING, KELLIE	PO Number:	Invoice Number: Riemb12/3/25	Amount:	45.76
Description: Supplies		Invoice Date: 11/25/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74001	Check Date: 01/06/2026	CC:
<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 1100 610 2 002 1107	Supplies		45.76		N
Vendor ID: HARRIS	HARRIS DECALS	PO Number:	Invoice Number: 101794	Amount:	234.96
Description: Maintenance Pickups		Invoice Date: 10/09/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74002	Check Date: 01/06/2026	CC:
<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 2710 610 0 000	Maintenance Pickups		234.96		N
Vendor ID: HARRIS	HARRIS DECALS	PO Number:	Invoice Number: 102035	Amount:	29.76
Description: Maintenance Pickups		Invoice Date: 10/28/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74002	Check Date: 01/06/2026	CC:
<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 2710 610 0 000	Maintenance Pickups		29.76		N
Vendor ID: HASTIN	HASTINGS HIGH SCHOOL	PO Number:	Invoice Number: BOWL 12/14	Amount:	400.00
Description: BOWLING INVITE 12/14		Invoice Date: 12/09/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46051	Check Date: 12/12/2025	CC:
<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>
05 2900 890 2 001 0117	BOWLING INVITE 12/14		400.00		N
Vendor ID: HASTIN	HASTINGS HIGH SCHOOL	PO Number:	Invoice Number: EMC BB	Amount:	266.00
Description: % OF GATE RECEIPTS EMC BB 12/19/25		Invoice Date: 12/23/2025	Due Date: 12/24/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46109	Check Date: 12/24/2025	CC:
<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>
05 2900 890 2 001 0112	% OF GATE RECEIPTS EMC BB 12/19/25		266.00		N
Vendor ID: HDSUPPLY	HD SUPPLY FORMERLY HOME DEPOT PRO	PO Number:	Invoice Number: 884743046	Amount:	120.18
Description: Renown liner/aluminum foil MS		Invoice Date: 09/22/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00

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Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74003	Check Date: 01/06/2026	CC:
<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 2610 610 2 002	Renown liner/aluminum foil MS		120.18		N
Vendor ID: HDSUPPLY HD SUPPLY FORMERLY HOME DEPOT PRO			PO Number:	Invoice Number: 894950427	Amount: 100.98
Description: Vacuum filter bags/aluminum foil MS					
Sequence: 1	Check Type: Check	Checking Account ID: 1	Invoice Date: 09/23/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74003	Check Date: 01/06/2026	CC:
<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 2610 610 2 002	Vacuum filter bags/aluminum foil MS		100.98		N
Vendor ID: HDSUPPLY HD SUPPLY FORMERLY HOME DEPOT PRO			PO Number:	Invoice Number: 895366664	Amount: 98.72
Description: Dish Detergent MS					
Sequence: 1	Check Type: Check	Checking Account ID: 1	Invoice Date: 09/25/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74003	Check Date: 01/06/2026	CC:
<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 2610 610 2 002	Dish Detergent MS		98.72		N
Vendor ID: HDSUPPLY HD SUPPLY FORMERLY HOME DEPOT PRO			PO Number:	Invoice Number: 895366672	Amount: 186.48
Description: Tide Pod Spring MS					
Sequence: 1	Check Type: Check	Checking Account ID: 1	Invoice Date: 09/25/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74003	Check Date: 01/06/2026	CC:
<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 2610 610 2 002	Tide Pod Spring MS		186.48		N
Vendor ID: HDSUPPLY HD SUPPLY FORMERLY HOME DEPOT PRO			PO Number:	Invoice Number: 89555.618	Amount: 77.85
Description: Clean on the go/clorox bleach MS					
Sequence: 1	Check Type: Check	Checking Account ID: 1	Invoice Date: 09/26/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74003	Check Date: 01/06/2026	CC:
<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 2610 610 2 002	Clean on the go/clorox bleach MS		77.85		N
Vendor ID: HDSUPPLY HD SUPPLY FORMERLY HOME DEPOT PRO			PO Number:	Invoice Number: 895553600	Amount: 109.32
Description: Renown TT controlled WIS					
Sequence: 1	Check Type: Check	Checking Account ID: 1	Invoice Date: 09/26/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74003	Check Date: 01/06/2026	CC:
<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 2610 610 1 006	Renown TT controlled WIS		109.32		N
Vendor ID: HDSUPPLY HD SUPPLY FORMERLY HOME DEPOT PRO			PO Number:	Invoice Number: 898811872	Amount: 68.51
Description: Supplies/Waverly Intermediate School					
Sequence: 1	Check Type: Check	Checking Account ID: 1	Invoice Date: 12/20/2025	Due Date: 12/14/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73897	Check Date: 12/02/2025	CC:
<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 2610 610 1 006	bowl cleaners		68.51		N
Vendor ID: HDSUPPLY HD SUPPLY FORMERLY HOME DEPOT PRO			PO Number:	Invoice Number: 898811880	Amount: 185.68
Description: Supplies/Waverly Intermediate School					
Sequence: 1	Check Type: Check	Checking Account ID: 1	Invoice Date: 12/20/2025	Due Date: 12/14/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73897	Check Date: 12/02/2025	CC:
<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 2610 610 1 006	wiper refills		185.68		N

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Vendor ID: HDSUPPLY	HD SUPPLY FORMERLY HOME DEPOT PRO	PO Number:	Invoice Number: 899006910	Amount: 140.52
Description: supplies/Waverly Intermediate School		Invoice Date: 12/21/2025	Due Date: 12/14/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73897	Check Date: 12/02/2025 CC:
<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 2610 610 1 006	GENERAL SUPPLIES		140.52	N
Vendor ID: HDSUPPLY	HD SUPPLY FORMERLY HOME DEPOT PRO	PO Number:	Invoice Number: 899204531	Amount: 158.28
Description: liner/maintenance		Invoice Date: 10/22/2025	Due Date: 12/02/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73897	Check Date: 12/02/2025 CC:
<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 2610 610 0 000	Liner 38x58 (2)		86.02	N
01 2610 610 0 000	Liner 24x32 (2)		72.26	N
Vendor ID: HDSUPPLY	HD SUPPLY FORMERLY HOME DEPOT PRO	PO Number:	Invoice Number: 899204549	Amount: 241.58
Description: Supplies/ Waverly High School		Invoice Date: 12/22/2025	Due Date: 12/14/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73897	Check Date: 12/02/2025 CC:
<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 2610 610 2 001	bleach		50.80	N
01 2610 610 2 001	prof neutral		83.74	N
01 2610 610 2 001	wipes/disinfect hard surface		107.04	N
Vendor ID: HDSUPPLY	HD SUPPLY FORMERLY HOME DEPOT PRO	PO Number:	Invoice Number: 900485194	Amount: 33.98
Description: LIQ Waste Water Treat / Bleach		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11993	Check Date: 12/02/2025 CC:
<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>
06 3100 610 0 000	LIQ Waste Water Treat / Bleach		33.98	N
Vendor ID: HDSUPPLY	HD SUPPLY FORMERLY HOME DEPOT PRO	PO Number:	Invoice Number: 9243172566	Amount: 167.52
Description: Deodorizer Urinal HS		Invoice Date: 11/18/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74003	Check Date: 01/06/2026 CC:
<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 2610 610 2 001	Deodorizer Urinal HS		167.52	N
Vendor ID: HDSUPPLY	HD SUPPLY FORMERLY HOME DEPOT PRO	PO Number:	Invoice Number: 9243175467	Amount: 193.69
Description: Supplies Hamlow		Invoice Date: 11/18/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74003	Check Date: 01/06/2026 CC:
<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 2610 610 1 004	Supplies Hamlow		193.69	N
Vendor ID: HDSUPPLY	HD SUPPLY FORMERLY HOME DEPOT PRO	PO Number:	Invoice Number: 9243218644	Amount: 225.36
Description: toilet bowl clner/waxed liners/wipes HS		Invoice Date: 11/19/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74003	Check Date: 01/06/2026 CC:
<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 2610 610 2 001	toilet bowl clner/waxed liners/wipes HS		225.36	N

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Vendor ID: HDSUPPLY	HD SUPPLY FORMERLY HOME DEPOT PRO	PO Number:	Invoice Number: 9243809255	Amount:	125.80
Description: DeLimer WIS		Invoice Date: 12/09/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12028	Check Date: 01/06/2026	CC:
<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>
06 3100 610 0 000	DeLimer WIS		125.80		N
Vendor ID: HDSUPPLY	HD SUPPLY FORMERLY HOME DEPOT PRO	PO Number:	Invoice Number: 9243959986	Amount:	171.26
Description: Dish Detergent Hamlow		Invoice Date: 12/12/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12028	Check Date: 01/06/2026	CC:
<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>
06 3100 610 0 000	Dish Detergent Hamlow		171.26		N
Vendor ID: HEALIL	HEASTON, LILLI	PO Number:	Invoice Number: INT DES	Amount:	25.73
Description: INTERIOR DESIGN GRAPH PAPER		Invoice Date: 12/09/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46081	Check Date: 12/18/2025	CC:
<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>
05 2900 890 2 001 0411	INTERIOR DESIGN GRAPH PAPER		25.73		N
Vendor ID: HEIANT	HEISER, ANTHONY	PO Number:	Invoice Number: BB 12/18	Amount:	70.00
Description: GIRLS RESERVE BB 12/18		Invoice Date: 12/11/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00
Sequence: 2	Check Type: Check	Checking Account ID: 2	Check Number: 46053	Check Date: 12/12/2025	CC:
<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>
05 2900 890 2 001 0116	GIRLS RESERVE BB 12/18		70.00		N
Vendor ID: HEIANT	HEISER, ANTHONY	PO Number:	Invoice Number: BB 12/22	Amount:	65.00
Description: 9TH BBB 12/22		Invoice Date: 12/11/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46052	Check Date: 12/12/2025	CC:
<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>
05 2900 890 2 001 0116	9TH BBB 12/22		65.00		N
Vendor ID: HEIANT	HEISER, ANTHONY	PO Number:	Invoice Number: BBB 1/2	Amount:	65.00
Description: 9TH BBB 1/2		Invoice Date: 12/18/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46082	Check Date: 12/18/2025	CC:
<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>
05 2900 890 2 001 0116	9TH BBB 1/2		65.00		N
Vendor ID: HEIANT	HEISER, ANTHONY	PO Number:	Invoice Number: BBB 12/2	Amount:	90.00
Description: 7TH GRADE BB 12/2		Invoice Date: 12/03/2025	Due Date: 12/05/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46027	Check Date: 12/05/2025	CC:
<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>
05 2900 890 2 001 0116	7TH GRADE BB 12/2		90.00		N
Vendor ID: HEIANT	HEISER, ANTHONY	PO Number:	Invoice Number: BBB 12/29	Amount:	65.00
Description: 9TH BBB 12/29		Invoice Date: 12/18/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 3	Check Type: Check	Checking Account ID: 2	Check Number: 46084	Check Date: 12/18/2025	CC:

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<u>Chart of Account Number</u> 05 2900 890 2 001 0116	<u>Detail Description</u> 9TH BBB 12/29	<u>Cost Center ID</u>	<u>Detail Amount</u> 65.00	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u> N	<u>In Full</u>
Vendor ID: HEIANT	HEISER, ANTHONY	PO Number:	Invoice Number: BBB 12/30		Amount:	65.00
Description: 9TH BBB 12/30		Invoice Date: 12/18/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00	
Sequence: 2	Check Type: Check	Checking Account ID: 2	Check Number: 46083	Check Date: 12/18/2025	CC:	
<u>Chart of Account Number</u> 05 2900 890 2 001 0116	<u>Detail Description</u> 9TH BBB 12/30	<u>Cost Center ID</u>	<u>Detail Amount</u> 65.00	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u> N	<u>In Full</u>
Vendor ID: HEIANT	HEISER, ANTHONY	PO Number:	Invoice Number: BBB 12/6		Amount:	75.00
Description: JV BBB 12/6		Invoice Date: 12/02/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46001	Check Date: 12/03/2025	CC:	
<u>Chart of Account Number</u> 05 2900 890 2 001 0116	<u>Detail Description</u> JV BBB 12/6	<u>Cost Center ID</u>	<u>Detail Amount</u> 75.00	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u> N	<u>In Full</u>
Vendor ID: HEIANT	HEISER, ANTHONY	PO Number:	Invoice Number: GBB 12/8		Amount:	70.00
Description: GBB RESERVE 12/8		Invoice Date: 12/05/2025	Due Date: 12/08/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46035	Check Date: 12/08/2025	CC:	
<u>Chart of Account Number</u> 05 2900 890 2 001 0116	<u>Detail Description</u> GBB RSERVE 12/8	<u>Cost Center ID</u>	<u>Detail Amount</u> 70.00	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u> N	<u>In Full</u>
Vendor ID: HELKAT	HELZER, KATIE	PO Number:	Invoice Number: EVENT WORKER PAY 10/		Amount:	36.00
Description: EVENT WORKER PAY 10/19 - 11/22		Invoice Date: 12/02/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 36.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46002	Check Date: 12/03/2025	CC:	
<u>Chart of Account Number</u> 05 2900 890 2 001 0114	<u>Detail Description</u> EVENT WORKER PAY 10/19 - 11/22	<u>Cost Center ID</u>	<u>Detail Amount</u> 36.00	<u>1099 Detail Amount</u> 36.00	<u>Asset/Asset Tag</u> N	<u>In Full</u>
Vendor ID: HENDEB	HENNESSY, DEBBIE	PO Number:	Invoice Number: Reimb1122025		Amount:	37.35
Description: Flat Tire Repair		Invoice Date: 12/12/2025	Due Date: 12/17/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73898	Check Date: 12/02/2025	CC:	
<u>Chart of Account Number</u> 01 2710 610 0 000	<u>Detail Description</u> Flat Tire Repair	<u>Cost Center ID</u>	<u>Detail Amount</u> 37.35	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u> N	<u>In Full</u>
Vendor ID: HENMIC	HENRICKSON, MICHELLE	PO Number:	Invoice Number: 12/08/20255		Amount:	74.69
Description: BRIDAL SHOWER STAFF MEMBER		Invoice Date: 12/09/2025	Due Date: 12/09/2025	Status: V	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:	
<u>Chart of Account Number</u> 05 2900 890 1 004 0856	<u>Detail Description</u> BRIDAL SHOWER STAFF MEMBER	<u>Cost Center ID</u>	<u>Detail Amount</u> 74.69	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u> N	<u>In Full</u>
Vendor ID: HENMIC	HENRICKSON, MICHELLE	PO Number:	Invoice Number: 12/11/2025		Amount:	74.69
Description: STAFF BRIDAL SHOWER		Invoice Date: 12/11/2025	Due Date: 12/11/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45115	Check Date: 12/17/2025	CC:	
<u>Chart of Account Number</u> 05 2900 890 1 006 0857	<u>Detail Description</u> STAFF BRIDAL SHOWER	<u>Cost Center ID</u>	<u>Detail Amount</u> 74.69	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u> N	<u>In Full</u>

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Vendor ID: HENMIC	HENRICKSON, MICHELLE	PO Number:	Invoice Number: Reimb10/7/25	Amount:	471.01
Description: Staff lunch/WIS		Invoice Date: 10/07/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74004	Check Date: 01/06/2026	CC:
<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 2410 610 1 006	Staff lunch/WIS		471.01		N
Vendor ID: HENMIC	HENRICKSON, MICHELLE	PO Number:	Invoice Number: V*12/08/20255	Amount:	(74.69)
Description: BRIDAL SHOWER STAFF MEMBER		Invoice Date: 12/14/2025	Due Date: 12/09/2025	Status: V	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:
<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>
05 2900 890 1 004 0856	BRIDAL SHOWER STAFF MEMBER		(74.69)		N
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0970431	Amount:	536.54
Description: Food - Milk - Hamlow		Invoice Date: 08/12/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food - Milk - Hamlow		536.54	0.00	N
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0970498	Amount:	179.40
Description: Milk HS		Invoice Date: 08/15/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Milk HS		179.40		N
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0970710	Amount:	167.01
Description: Food - Milk - Hamlow		Invoice Date: 08/26/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food - Milk - Hamlow		167.01		N
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0971217	Amount:	652.66
Description: Milk MS		Invoice Date: 09/19/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Milk MS		652.66		N
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0971373	Amount:	252.04
Description: Food		Invoice Date: 09/26/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food		252.04		N
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0971375	Amount:	(363.20)
Description: Credit MS		Invoice Date: 09/26/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:

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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>
06 3100 630 0 000	Credit MS		(363.20)		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0971876		Amount:	221.47
Description: Food WIS		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:	
<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>
06 3100 630 0 000	Food WIS		221.47		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0971877		Amount:	147.21
Description: Food WIS		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:	
<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>
06 3100 630 0 000	Food WIS		147.21		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0971953		Amount:	219.51
Description: Food Eagle		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:	
<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>
06 3100 630 0 000	Food Eagle		219.51		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0971954		Amount:	275.86
Description: Food - WIS		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:	
<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>
06 3100 630 0 000	Food - WIS		275.86		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972018		Amount:	166.43
Description: Food Eagle		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:	
<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>
06 3100 630 0 000	Food Eagle		166.43		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972019		Amount:	202.91
Description: Food - WIS		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:	
<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>
06 3100 630 0 000	Food - WIS		202.91		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972092		Amount:	184.34
Description: Food Eagle		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:	
<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>
06 3100 630 0 000	Food Eagle		184.34		N	

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Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972093	Amount:	181.07
Description: Food WIS		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food WIS		181.07		N
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972094	Amount:	147.21
Description: Food Hamlow		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food Hamlow		147.21		N
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972096	Amount:	184.34
Description: Food - Milk - High School		Invoice Date: 10/31/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food - Milk - High School		184.34		N
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972156	Amount:	184.34
Description: Food Eagle		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food Eagle		184.34		N
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972157	Amount:	184.34
Description: Food WMS		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food WMS		184.34		N
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972158	Amount:	193.62
Description: Food - Milk - High School		Invoice Date: 11/04/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food - Milk - High School		193.62		N
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972159	Amount:	258.60
Description: Food Hamlow		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food Hamlow		258.60		N
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972160	Amount:	202.91
Description: Food WIS		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:

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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>
06 3100 630 0 000	Food WIS		202.91		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972228		Amount:	91.52
Description: Food Eagle		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:	
<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>
06 3100 630 0 000	Food Eagle		91.52		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972229		Amount:	221.47
Description: Food WMS		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:	
<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>
06 3100 630 0 000	Food WMS		221.47		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972230		Amount:	221.47
Description: Food - Milk - High School		Invoice Date: 11/07/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:	
<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>
06 3100 630 0 000	Food - Milk - High School		221.47		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972231		Amount:	277.17
Description: Food Hamlow		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:	
<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>
06 3100 630 0 000	Food Hamlow		277.17		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972232		Amount:	276.51
Description: Milk WIS		Invoice Date: 11/07/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:	
<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>
06 3100 630 0 000	Milk WIS		276.51		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972297		Amount:	109.43
Description: Milk Eagle		Invoice Date: 11/11/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:	
<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>
06 3100 630 0 000	Milk Eagle		109.43		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972298		Amount:	222.78
Description: Food - Milk - Middle School		Invoice Date: 11/11/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:	
<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>
06 3100 630 0 000	Food - Milk - Middle School		222.78		N	

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Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972299	Amount:	331.55
Description: Food WMS		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food WMS		331.55		N
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972300	Amount:	220.17
Description: Food Hamlow		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food Hamlow		220.17		N
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972301	Amount:	183.69
Description: Milk WIS		Invoice Date: 11/11/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Milk WIS		183.69		N
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972369	Amount:	111.39
Description: Milk Eagle		Invoice Date: 11/14/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Milk Eagle		111.39		N
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972370	Amount:	259.91
Description: Milk HS		Invoice Date: 11/14/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Milk HS		259.91		N
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972371	Amount:	222.78
Description: Food WMS		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food WMS		222.78		N
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972372	Amount:	204.22
Description: Food Hamlow		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food Hamlow		204.22		N
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972373	Amount:	185.65
Description: Milk WIS		Invoice Date: 11/14/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:

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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>
06 3100 630 0 000	Milk WIS		185.65		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972387		Amount:	35.82
Description: Milk Hamlow		Invoice Date: 11/17/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:	
<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>
06 3100 630 0 000	Milk Hamlow		35.82		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972388		Amount:	35.82
Description: Milk WIS		Invoice Date: 11/17/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:	
<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>
06 3100 630 0 000	Milk WIS		35.82		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972445		Amount:	200.94
Description: Milk Eagle		Invoice Date: 11/18/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:	
<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>
06 3100 630 0 000	Milk Eagle		200.94		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972446		Amount:	147.21
Description: Milk HS		Invoice Date: 11/18/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:	
<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>
06 3100 630 0 000	Milk HS		147.21		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972447		Amount:	275.20
Description: Food Milk - WMS		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11994	Check Date: 12/02/2025	CC:	
<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>
06 3100 630 0 000	Food Milk - WMS		275.20		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972449		Amount:	220.16
Description: Milk WIS		Invoice Date: 11/18/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:	
<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>
06 3100 630 0 000	Milk WIS		220.16		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972450		Amount:	183.69
Description: Milk Hamlow		Invoice Date: 11/18/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:	
<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>
06 3100 630 0 000	Milk Hamlow		183.69		N	

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Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972465	Amount:	74.26
Description: Milk Hamlow		Invoice Date: 11/20/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Milk Hamlow		74.26		N
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972520	Amount:	91.52
Description: Milk Eagle		Invoice Date: 11/21/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Milk Eagle		91.52		N
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972521	Amount:	276.51
Description: Milk MS		Invoice Date: 11/21/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Milk MS		276.51		N
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972522	Amount:	276.51
Description: Milk HS		Invoice Date: 11/21/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Milk HS		276.51		N
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972523	Amount:	294.42
Description: Milk Hamlow		Invoice Date: 11/21/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Milk Hamlow		294.42		N
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972524	Amount:	202.25
Description: Milk WIS		Invoice Date: 11/21/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Milk WIS		202.25		N
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972576	Amount:	73.61
Description: Milk HS		Invoice Date: 11/25/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Milk HS		73.61		N
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972578	Amount:	55.70
Description: Milk MS		Invoice Date: 11/25/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:

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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>
06 3100 630 0 000	Milk MS		55.70		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972579		Amount:	73.61
Description: Milk Hamlow		Invoice Date: 11/25/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:	
<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>
06 3100 630 0 000	Milk Hamlow		73.61		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972580		Amount:	73.61
Description: Milk WIS		Invoice Date: 11/25/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:	
<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>
06 3100 630 0 000	Milk WIS		73.61		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972702		Amount:	257.29
Description: Milk HS		Invoice Date: 12/02/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:	
<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>
06 3100 630 0 000	Milk HS		257.29		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972704		Amount:	258.60
Description: Milk Hamlow		Invoice Date: 12/02/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:	
<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>
06 3100 630 0 000	Milk Hamlow		258.60		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972733		Amount:	514.58
Description: Milk MS		Invoice Date: 12/04/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:	
<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>
06 3100 630 0 000	Milk MS		514.58		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972778		Amount:	368.68
Description: Milk HS		Invoice Date: 12/05/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:	
<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>
06 3100 630 0 000	Milk HS		368.68		N	
Vendor ID: HILAND	HILAND DAIRY	PO Number:	Invoice Number: 0972859		Amount:	165.78
Description: Milk Eagle		Invoice Date: 12/09/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12005	Check Date: 12/12/2025	CC:	
<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>
06 3100 630 0 000	Milk Eagle		165.78		N	

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Vendor ID: HILLYA	HILLYARD/DES MOINES	PO Number:	Invoice Number: 700687234	Amount:	1,459.60
Description: Floor Scrubber/supplies/labor		Invoice Date: 12/03/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73899	Check Date: 12/02/2025	CC:
<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 2610 610 2 001	GENERAL SUPPLIES		1,459.60		N
Vendor ID: HILLYA	HILLYARD/DES MOINES	PO Number:	Invoice Number: 700687696	Amount:	51.50
Description: Supplies		Invoice Date: 12/05/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73899	Check Date: 12/02/2025	CC:
<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 2620 442 2 002	GENERAL SUPPLIES		20.00		N
01 2620 442 2 002	labor		31.50		N
Vendor ID: HINRAC	HINRICHS, RACHELLE	PO Number:	Invoice Number: CLEAN	Amount:	22.84
Description: CLEANING SUPPLIES		Invoice Date: 12/23/2025	Due Date: 12/29/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46120	Check Date: 12/29/2025	CC:
<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>
05 2900 890 2 001 0411	CLEANING SUPPLIES		22.84		N
Vendor ID: HINRAC	HINRICHS, RACHELLE	PO Number:	Invoice Number: FCS LABS	Amount:	81.27
Description: GRAINS AND STARCHES LABS		Invoice Date: 12/09/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46054	Check Date: 12/12/2025	CC:
<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>
05 2900 890 2 001 0411	GRAINS AND STARCHES LABS		81.27		N
Vendor ID: HINRAC	HINRICHS, RACHELLE	PO Number:	Invoice Number: Reimb11212025	Amount:	51.85
Description: Veteran's Day Cookies		Invoice Date: 11/10/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73900	Check Date: 12/02/2025	CC:
<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 1100 610 2 001 1111	Veteran's Day Cookies		51.85		N
Vendor ID: HINRAC	HINRICHS, RACHELLE	PO Number:	Invoice Number: XMAS CARD	Amount:	37.94
Description: CHRISTMAS CARD ACTIVITY		Invoice Date: 12/17/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46085	Check Date: 12/18/2025	CC:
<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>
05 2900 890 2 001 0325	CHRISTMAS CARD ACTIVITY		37.94		N
Vendor ID: HINRAC	HINRICHS, RACHELLE	PO Number:	Invoice Number: XMAS LABS	Amount:	18.56
Description: CHRISTMAS LABS		Invoice Date: 12/17/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46085	Check Date: 12/18/2025	CC:
<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>
05 2900 890 2 001 0411	CHRISTMAS LABS		18.56		N
Vendor ID: HIRERI	HIRERIGHT SOLUTIONS INC.	PO Number:	Invoice Number: P1299394	Amount:	581.20
Description: Services and Surcharges		Invoice Date: 12/31/2025	Due Date: 12/30/2025	Status: P	1099 Amount: 0.00

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Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73901	Check Date: 12/02/2025	CC:
<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 2710 340 0 000	OTHER PROFESSIONAL SERVICES		478.70		N
01 2710 340 0 000	OTHER PROFESSIONAL SERVICES		102.50		N

Vendor ID: HOMETOWN1	HOMETOWN LEASING	PO Number:	Invoice Number: 51800366 D-0002	Amount: 2,862.02
Description: COPIER LEASE DEC 25		Invoice Date: 12/01/2025	Due Date: 12/04/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73977	Check Date: 12/02/2025
<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 2510 443 0 000	COPIER LEASE DEC 25		2,862.02	0.00 N

Vendor ID: HOTSYSY	HOTSYSY EQUIPMENT CO	PO Number:	Invoice Number: 358028	Amount: 208.50
Description: Powershine		Invoice Date: 10/06/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74005	Check Date: 01/06/2026
<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 2710 610 0 000	Powershine		208.50	N

Vendor ID: HRUTER	HRUSKA, TERESA	PO Number:	Invoice Number: Reimb 12.16.25	Amount: 86.57
Description: Art Supplies		Invoice Date: 12/16/2025	Due Date: 12/16/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45136	Check Date: 12/16/2025
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
05 2900 890 1 004 0880	Art Supplies		86.57	N

Vendor ID: HUDL	HUDL	PO Number:	Invoice Number: H0017457-1	Amount: 3,576.95
Description: HUDL AD PACKAGE		Invoice Date: 11/06/2025	Due Date: 12/01/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45980	Check Date: 12/01/2025
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
05 2900 890 2 001 0118	HUDL AD PACKAGE		3,576.95	N

Vendor ID: HUDL	HUDL	PO Number:	Invoice Number: H00174578	Amount: 13,000.00
Description: HUDL AD PACKAGE		Invoice Date: 11/06/2025	Due Date: 12/01/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 300156	Check Date: 12/01/2025
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
05 2900 890 2 001 0180	HUDL AD PACKAGE		13,000.00	N

Vendor ID: HUNMAT	HUNT, MATTHEW	PO Number:	Invoice Number: EMC BB 12/19	Amount: 195.00
Description: BBB/GBB EMC CONFERENCE 12/19		Invoice Date: 12/18/2025	Due Date: 12/18/2025	Status: P 1099 Amount: 195.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46086	Check Date: 12/18/2025
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
05 2900 890 2 001 0116	BBB/GBB EMC CONFERENCE 12/19		195.00	195.00 N

Vendor ID: HYELEC	HY-ELECTRIC	PO Number:	Invoice Number: 4332	Amount: 1,445.00
Description: Kiln Electrical Work		Invoice Date: 12/18/2025	Due Date: 12/18/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45141	Check Date: 12/23/2025
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>

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05 2900 890 0 000 0965 Kiln Electrical Work

1,445.00 N

Vendor ID: HYELEC	HY-ELECTRIC	PO Number:	Invoice Number: 4342	Amount:	366.88
Description: Move Conduit for KILN		Invoice Date: 12/18/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45141	Check Date: 12/23/2025	CC:
<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>
05 2900 890 0 000 0965	Move Conduit for KILN		366.88		N

Vendor ID: IDEALP	IDEAL PURE WATER	PO Number:	Invoice Number: 314212	Amount:	9.75
Description: Water		Invoice Date: 11/21/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74006	Check Date: 01/06/2026	CC:
<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 2620 610 0 000	Water		9.75		N

Vendor ID: IDEALP	IDEAL PURE WATER	PO Number:	Invoice Number: 329042	Amount:	9.75
Description: Water		Invoice Date: 10/27/2025	Due Date: 01/06/2028	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74006	Check Date: 01/06/2026	CC:
<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 2620 610 0 000	Water		9.75		N

Vendor ID: IDEALP	IDEAL PURE WATER	PO Number:	Invoice Number: 329043	Amount:	9.75
Description: Water		Invoice Date: 10/27/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74006	Check Date: 01/06/2026	CC:
<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 2620 610 0 000	Water		9.75		N

Vendor ID: IDEALP	IDEAL PURE WATER	PO Number:	Invoice Number: 329946	Amount:	9.75
Description: Water		Invoice Date: 11/10/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74006	Check Date: 01/06/2026	CC:
<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 2620 610 0 000	Water		9.75		N

Vendor ID: IDEALP	IDEAL PURE WATER	PO Number:	Invoice Number: 329947	Amount:	16.75
Description: Water		Invoice Date: 11/10/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74006	Check Date: 01/06/2026	CC:
<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 2620 610 0 000	Water		16.75		N

Vendor ID: IDEALP	IDEAL PURE WATER	PO Number:	Invoice Number: 330333	Amount:	11.00
Description: Water		Invoice Date: 10/31/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74006	Check Date: 01/06/2026	CC:
<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 2620 610 0 000	Water		11.00		N

Vendor ID: IDEALP	IDEAL PURE WATER	PO Number:	Invoice Number: 330440	Amount:	11.00
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Invoice Listing - Detail

Description: Water		Invoice Date: 10/31/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74006	Check Date: 01/06/2026	CC:
<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 2620 610 0 000	Water		11.00		N
Vendor ID: IDEALP	IDEAL PURE WATER	PO Number:	Invoice Number: 332053	Amount:	11.00
Description: Water		Invoice Date: 11/30/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74006	Check Date: 01/06/2026	CC:
<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 2620 610 0 000	Water		11.00		N
Vendor ID: IDEALP	IDEAL PURE WATER	PO Number:	Invoice Number: 332158	Amount:	11.00
Description: Water		Invoice Date: 11/30/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74006	Check Date: 01/06/2026	CC:
<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 2620 610 0 000	Water		11.00		N
Vendor ID: INDUST	INDUSTRIAL SERVICES INC	PO Number:	Invoice Number: 2510-3380	Amount:	2,996.18
Description: Refuse Services		Invoice Date: 12/27/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73902	Check Date: 12/02/2025	CC:
<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 2620 431 1 006	Refuse Service/ Intermedicate School		947.50		N
01 2620 431 1 004	Refuse Service/Hamlow		310.66		N
01 2620 431 2 001	Refuse Service/HS		987.08		N
01 2620 431 2 002	Refuse Service/MS		711.15		N
01 2620 431 0 000	Refuse Service/CO		39.79		N
Vendor ID: INDUST	INDUSTRIAL SERVICES INC	PO Number:	Invoice Number: 2510-3381	Amount:	52.80
Description: Refuse Services		Invoice Date: 12/27/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73902	Check Date: 12/02/2025	CC:
<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 2620 431 1 006	Refuse Service/Heywood		52.80		N
Vendor ID: INDUST	INDUSTRIAL SERVICES INC	PO Number:	Invoice Number: 2511-3372	Amount:	2,996.18
Description: Refuse Service		Invoice Date: 11/25/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74007	Check Date: 01/06/2026	CC:
<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 2620 431 1 006	Refuse Service WIS		947.50		N
01 2620 431 1 004	Refuse Service Hamlow		310.66		N
01 2620 431 2 001	Refuse Service HS		987.08		N
01 2620 431 2 002	Refuse Service MS		711.15		N
01 2620 431 2 001	Refuse Service HS maintainance		39.79		N
Vendor ID: INDUST	INDUSTRIAL SERVICES INC	PO Number:	Invoice Number: 2511-3373	Amount:	105.60
Description: YD RL Service WIS		Invoice Date: 11/25/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00

Invoice Listing - Detail

Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74007	Check Date: 01/06/2026	CC:
<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 2620 431 1 006	YD RL Service WIS		105.60		N

Vendor ID: INSPIRA	INSPIRA FINANCIAL HEALTH INC	PO Number:	Invoice Number: 21014-2111662	Amount: 672.25
Description: FSA, HSA		Invoice Date: 12/10/2025	Due Date: 12/17/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73903	Check Date: 12/02/2025
<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 2310 350 0 000	FSA		323.00	N
01 2310 350 0 000	HSA		349.25	N

Vendor ID: ISSDER	ISSACS, DEREK	PO Number:	Invoice Number: WREST 1/10	Amount: 275.00
Description: WRESTLING OFFICIAL 1/10/26		Invoice Date: 12/29/2025	Due Date: 12/29/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46121	Check Date: 12/29/2025
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
05 2900 890 2 001 0116	WRESTLING OFFICIAL 1/10/26		275.00	N

Vendor ID: JAMIELE	JAMIE LEISHMAN	PO Number:	Invoice Number: 12/08/20253	Amount: 59.47
Description: NERF WAR EXPENSE REIMBURSEMENT		Invoice Date: 12/09/2025	Due Date: 12/09/2025	Status: V 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
05 2900 890 1 004 0880	NERF WAR EXPENSE REIMBURSEMENT		59.47	N

Vendor ID: JAMIELE	JAMIE LEISHMAN	PO Number:	Invoice Number: 12/11/2025	Amount: 59.47
Description: NERF WAR EXPENSE REIMBURSEMENT		Invoice Date: 12/11/2025	Due Date: 12/11/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45116	Check Date: 12/17/2025
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
05 2900 890 1 004 0880	NERF WAR EXPENSE REIMBURSEMENT		59.47	N

Vendor ID: JAMIELE	JAMIE LEISHMAN	PO Number:	Invoice Number: 20251204	Amount: 59.47
Description: NERF WAR EXPENSE REIMBURSEMENT		Invoice Date: 12/04/2025	Due Date: 12/04/2025	Status: V 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
05 2900 890 1 004 0880	NERF WAR EXPENSE REIMBURSEMENT		59.47	N

Vendor ID: JAMIELE	JAMIE LEISHMAN	PO Number:	Invoice Number: V*12/08/20253	Amount: (59.47)
Description: NERF WAR EXPENSE REIMBURSEMENT		Invoice Date: 12/14/2025	Due Date: 12/09/2025	Status: V 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
05 2900 890 1 004 0880	NERF WAR EXPENSE REIMBURSEMENT		(59.47)	N

Vendor ID: JAMIELE	JAMIE LEISHMAN	PO Number:	Invoice Number: V*20251204	Amount: (59.47)
Description: NERF WAR EXPENSE REIMBURSEMENT		Invoice Date: 12/09/2025	Due Date: 12/04/2025	Status: V 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>

Invoice Listing - Detail

05 2900 890 1 004 0880 NERF WAR EXPENSE REIMBURSEMENT (59.47) N

Vendor ID: JAYMAR **JAYMAR BUSINESS FORMS, INC.** **PO Number:** **Invoice Number: 065557** **Amount: 163.12**
 Description: Laser Direct Deposit Paper/Freight Invoice Date: 11/24/2025 Due Date: 01/06/2026 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 74008 Check Date: 01/06/2026 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 2320 610 0 000 Laser Direct Deposit Paper/Freight 163.12 N

Vendor ID: JILLV **JILL VAN DUSEN** **PO Number:** **Invoice Number: Reimb11202025** **Amount: 115.00**
 Description: Veterans Day Program/Flowers and Baloons Invoice Date: 11/11/2025 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 73904 Check Date: 12/02/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 1100 610 2 001 1111 Veterans Day Program/Flowers and Baloons 115.00 N

Vendor ID: JOHNSONF **JOHNSON FITNESS AND WELLNESS** **PO Number:** **Invoice Number: 21-080144** **Amount: 380.00**
 Description: Tuff Stuff PPMS 245 cable, fright, labor Invoice Date: 12/04/2024 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 73905 Check Date: 12/02/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 1100 610 2 001 1198 Tuff Stuff PPMS 245 Cable(HS) 250.00 N
 01 1100 610 2 001 1198 Freight 20.00 N
 01 1100 610 2 001 1198 Comm Servcie Labor 110.00 N

Vendor ID: JOHDAR **JOHNSON, DARIN** **PO Number:** **Invoice Number: BBB 12/6** **Amount: 200.00**
 Description: B/G VARSITY BB 12/6 Invoice Date: 12/02/2025 Due Date: 12/03/2025 Status: P 1099 Amount: 200.00
 Sequence: 1 Check Type: Check Checking Account ID: 2 Check Number: 46003 Check Date: 12/03/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 2 001 0116 B/G VARSITY BB 12/6 200.00 200.00 N

Vendor ID: JORDANW **JORDAN WALLMAN** **PO Number:** **Invoice Number: GBB 1/2** **Amount: 65.00**
 Description: 9TH GBB 1/2 Invoice Date: 12/18/2025 Due Date: 12/18/2025 Status: P 1099 Amount: 65.00
 Sequence: 1 Check Type: Check Checking Account ID: 2 Check Number: 46087 Check Date: 12/18/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 2 001 0116 9TH GBB 1/2 65.00 65.00 N

Vendor ID: JORDANW **JORDAN WALLMAN** **PO Number:** **Invoice Number: GBB 12/8** **Amount: 70.00**
 Description: GIRLS RES BB 12/8 Invoice Date: 12/02/2025 Due Date: 12/03/2025 Status: P 1099 Amount: 70.00
 Sequence: 1 Check Type: Check Checking Account ID: 2 Check Number: 46004 Check Date: 12/03/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 2 001 0116 GIRLS RES BB 12/8 70.00 70.00 N

Vendor ID: JOSTEN **JOSTENS** **PO Number:** **Invoice Number: 1058469** **Amount: 47.95**
 Description: Diploma/Packaging Invoice Date: 12/28/2025 Due Date: 12/14/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 73906 Check Date: 12/02/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 1100 610 2 001 1111 GENERAL SUPPLIES 47.95 N

Invoice Listing - Detail

Vendor ID: JOSTEN	JOSTENS	PO Number:	Invoice Number: 37872703	Amount:	47.95
Description: Diplomas-HS		Invoice Date: 11/05/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73906	Check Date: 12/02/2025	CC:
<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 1100 610 2 001 1111	Diplomas-HS		47.95		N
Vendor ID: JUSTFK	JUST FOR KIDS THERAPY	PO Number:	Invoice Number: 2606	Amount:	1,929.50
Description: Nov 2025 PT Services		Invoice Date: 11/23/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73907	Check Date: 12/02/2025	CC:
<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 6408 320 0 000	Nov 2025 PT Services		492.00		N
01 6408 320 1 000	Nov 2025 PT Services		143.50		N
01 2171 320 0 000	Nov 2025 PT Services		1,189.00		N
01 6408 334 0 000	Nov 2025 PT Services		105.00		N
Vendor ID: JWPEPP	JW PEPPER & SON, INC.	PO Number:	Invoice Number: 367762071	Amount:	154.50
Description: Eprint/Waverly High School		Invoice Date: 12/08/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73908	Check Date: 12/02/2025	CC:
<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 1100 610 2 001 1193	EPRINT		154.50		N
Vendor ID: JWPEPP	JW PEPPER & SON, INC.	PO Number:	Invoice Number: 367840079	Amount:	49.50
Description: Baloo Baleerie/Waverly High School		Invoice Date: 12/26/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73908	Check Date: 12/02/2025	CC:
<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 1100 610 2 001 1193	GENERAL SUPPLIES		49.50		N
Vendor ID: JWPEPP	JW PEPPER & SON, INC.	PO Number:	Invoice Number: 367856806	Amount:	129.44
Description: Symphonic Warm Ups for Band		Invoice Date: 12/01/2025	Due Date: 12/17/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73908	Check Date: 12/02/2025	CC:
<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 1100 610 2 001 1110	Symphonic Warm Ups for Band		129.44		N
Vendor ID: JWPEPP	JW PEPPER & SON, INC.	PO Number:	Invoice Number: 367959097	Amount:	111.79
Description: Eprint-Waverly High School		Invoice Date: 12/30/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73908	Check Date: 12/02/2025	CC:
<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 1100 610 2 002 1194	Improvisation/Bass Cleff Trombone		22.95		N
01 1100 610 2 002 1194	Improvisation/Piano Book		22.95		N
01 1100 610 2 002 1194	Improvisation/Guitar Book		22.95		N
01 1100 610 2 002 1194	Improvisation/Flat Instrument Book		22.95		N
01 1100 610 2 002 1194	Shipping/Handling		19.99		N
Vendor ID: JWPEPP	JW PEPPER & SON, INC.	PO Number:	Invoice Number: 367959636	Amount:	110.00
Description: Eprint		Invoice Date: 12/31/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00

Invoice Listing - Detail

Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73908	Check Date: 12/02/2025	CC:
<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 1100 610 2 002 1194	A Chilli Pepper Christmas		55.00		N
01 1100 610 2 002 1194	Baby, It's Cold Outside Vocal Duet		55.00		N

Vendor ID: JWPEPP	JW PEPPER & SON, INC.	PO Number:	Invoice Number: 367964908	Amount: 6.90	
Description: EPRINT/Rhapsody		Invoice Date: 11/03/2025	Due Date: 12/02/2025	Status: P 1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73908	Check Date: 12/02/2025	
<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 1100 610 2 001 1193	EPRINT/Rhapsody		6.90		N

Vendor ID: JWPEPP	JW PEPPER & SON, INC.	PO Number:	Invoice Number: 367966908	Amount: 6.90	
Description: Eprint-Waverly High School		Invoice Date: 12/03/2025	Due Date: 12/14/2025	Status: P 1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73908	Check Date: 12/02/2025	
<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 1100 610 2 002 1194	Rhapsody in Blue Clarient Solo		6.90		N

Vendor ID: JWPEPP	JW PEPPER & SON, INC.	PO Number:	Invoice Number: 367966940	Amount: 96.80	
Description: Eprint		Invoice Date: 12/03/2025	Due Date: 12/14/2025	Status: P 1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73908	Check Date: 12/02/2025	
<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 1100 610 2 002 1194	Merry Christmas/all that Jazz		48.40		N
01 1100 610 2 002 1194	Sleigh Ride/Eprint		48.40		N

Vendor ID: JWPEPP	JW PEPPER & SON, INC.	PO Number:	Invoice Number: 368006620	Amount: 66.00	
Description: Eprint/Better Place - You Will Be Found		Invoice Date: 12/13/2025	Due Date: 12/17/2025	Status: P 1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73908	Check Date: 12/02/2025	
<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 1100 610 2 002 1193	GENERAL SUPPLIES		66.00		N

Vendor ID: JWPEPP	JW PEPPER & SON, INC.	PO Number:	Invoice Number: 368015649	Amount: 45.90	
Description: Instrument books/CD-HS		Invoice Date: 12/17/2025	Due Date: 12/18/2025	Status: P 1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73908	Check Date: 12/02/2025	
<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 1100 610 2 002 1194	Improvisation Instrument Books/CD		45.90		N

Vendor ID: JWPEPP	JW PEPPER & SON, INC.	PO Number:	Invoice Number: 368048864	Amount: 17.99	
Description: Music Parts/ trumpet & alto/shipping HS		Invoice Date: 12/02/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74009	Check Date: 01/06/2026	
<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 1100 610 2 001 1193	Music Parts/ trumpet & alto/shipping HS		17.99		N

Vendor ID: JWPEPP	JW PEPPER & SON, INC.	PO Number:	Invoice Number: 368054438	Amount: 316.99
Description: Music MS/shipping		Invoice Date: 12/04/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74009	Check Date: 01/06/2026

Invoice Listing - Detail

<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 1100 610 2 002 1194	Music MS/shipping		316.99		N	
Vendor ID: KAPCO	KAPCO	PO Number:	Invoice Number: 1505667		Amount:	261.69
Description: Laminate/tape & shippingMS		Invoice Date: 11/25/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74010	Check Date: 01/06/2026	CC:	
<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 1100 610 2 002 1106	Laminate/tape & shippingMS		261.69		N	
Vendor ID: KELSEAP	KELSEA CURTIS	PO Number:	Invoice Number: Teacher Reimb		Amount:	150.00
Description: Teacher Reimbursement - K Curtis		Invoice Date: 12/15/2025	Due Date: 12/16/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45137	Check Date: 12/16/2025	CC:	
<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>
05 2900 890 1 004 0880	Teacher Reimbursement - K Curtis		150.00		N	
Vendor ID: KEYBOARDIN	KEYBOARDING ONLINE	PO Number:	Invoice Number: 45145		Amount:	330.75
Description: Keyboard Mastery(MS)		Invoice Date: 10/07/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73909	Check Date: 12/02/2025	CC:	
<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 1100 735 2 002 1176	Keyboard Mastery(MS)		330.75		N	
Vendor ID: KIDWELL	KIDWELL INC	PO Number:	Invoice Number: 287083		Amount:	1,917.50
Description: Camera Replacements for EES Pod		Invoice Date: 11/17/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73910	Check Date: 12/02/2025	CC:	
<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 2620 432 2 001	Camera Replacements for EES Pod		1,917.50		N	
Vendor ID: KSBSCHO	KSB SCHOOL LAW	PO Number:	Invoice Number: 20331		Amount:	75.00
Description: Response to Audit Letter		Invoice Date: 11/06/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 75.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74011	Check Date: 01/06/2026	CC:	
<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 2330 317 0 000	Response to Audit Letter		75.00	75.00	N	
Vendor ID: LAKESH	LAKESHORE LEARNING MATERIALS	PO Number: CO00595	Invoice Number: 92308919		Amount:	54.95
Description: SUPPLIES		Invoice Date: 10/23/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73911	Check Date: 12/02/2025	CC:	
<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 3540 610 1 004	Heavy-Duty Adjustable Vinyl Paint Apron		54.95		N	Incomplete
Vendor ID: LANCAS6	LANCASTER COUNTY SHERIFF OFFICE	PO Number:	Invoice Number: C3818		Amount:	47,924.00
Description: ANNUAL BASE CONTRACT 25-26		Invoice Date: 10/01/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73981	Check Date: 12/02/2025	CC:	
<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 2310 350 0 000	ANNUAL BASE CONTRACT 25-26		47,924.00		N	

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Vendor ID: LANCAS6	LANCASTER COUNTY SHERIFF OFFICE	PO Number:	Invoice Number: C3829	Amount:	1,176.48
Description: SECURITY NOVEMBER		Invoice Date: 12/15/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46088	Check Date: 12/18/2025	CC:
<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>
05 2900 890 2 001 0115	SECURITY NOVEMBER		1,176.48		N
Vendor ID: LANJAM	LANIK, JAMIE	PO Number:	Invoice Number: CANDY	Amount:	170.13
Description: CANDY FOR HOLIDAY PARADE		Invoice Date: 12/08/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46055	Check Date: 12/12/2025	CC:
<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>
05 2900 890 2 001 0305	CANDY FOR HOLIDAY PARADE		170.13		N
Vendor ID: LEAMIC	LEARY, MICAH	PO Number:	Invoice Number: DEC 25-0001	Amount:	1,500.00
Description: MUSIC ACCOMPANIMENT SERVICES		Invoice Date: 12/01/2025	Due Date: 12/04/2025	Status: P	1099 Amount: 1,500.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73978	Check Date: 12/02/2025	CC:
<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 1100 340 2 001 1193	MUSIC ACCOMPANIMENT SERVICES		1,500.00	1,500.00	N
Vendor ID: LEIGHFFA	LEIGH FFA	PO Number:	Invoice Number: LUNCH	Amount:	77.00
Description: LUNCHES AT LDE		Invoice Date: 12/09/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46056	Check Date: 12/12/2025	CC:
<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>
05 2900 890 2 001 0320	LUNCHES AT LDE		77.00		N
Vendor ID: LEWCHA	LEWIS, CHARLES	PO Number:	Invoice Number: BBB 12/4	Amount:	100.00
Description: BOYS VARSITY BASKETBALL 12/4		Invoice Date: 12/02/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 100.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46005	Check Date: 12/03/2025	CC:
<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>
05 2900 890 2 001 0116	BOYS VARSITY BASKETBALL 12/4		100.00	100.00	N
Vendor ID: LEXING	LEXINGTON HIGH SCHOOL	PO Number:	Invoice Number: TN 9/18	Amount:	85.00
Description: BOYS TENNIS INVITE 9/18		Invoice Date: 12/05/2025	Due Date: 12/05/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46028	Check Date: 12/05/2025	CC:
<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>
05 2900 890 2 001 0117	BOYS TENNIS INVITE 9/18		85.00		N
Vendor ID: LIAMAC	LIAKOS, MACKENZIE	PO Number:	Invoice Number: BBB 12/2	Amount:	90.00
Description: 7TH GRADE BBB 12/2		Invoice Date: 12/03/2025	Due Date: 12/05/2025	Status: P	1099 Amount: 90.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46029	Check Date: 12/05/2025	CC:
<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>
05 2900 890 2 001 0116	7TH GRADE BBB 12/2		90.00	90.00	N
Vendor ID: LINCOL11	LINCOLN GLASS INC	PO Number:	Invoice Number: 503460	Amount:	515.93
Description: Glass and materials/Eagle window repair		Invoice Date: 12/17/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73912	Check Date: 12/02/2025	CC:

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01 2620 431 1 003	NON-TECH RELATED REPAIRS & MAINTENANCE		515.93		N	
Vendor ID: LPS	LINCOLN PUBLIC SCHOOLS - OFFICE OF BUSINESS AFFAIRS	PO Number:		Invoice Number: 153		Amount: 80.99
Description: Diocesan Teachers Institute		Invoice Date: 12/27/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73913	Check Date: 12/02/2025	CC:	
<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 6310 320 0 000	PROFESSIONAL EDUCATIONAL SERVICES		80.99		N	
Vendor ID: LINCOL24	LINCOLN SOUTHEAST HIGH SCHOOL	PO Number:		Invoice Number: 07112025		Amount: 200.00
Description: Cap. City M Band Championship Reg Fee		Invoice Date: 12/11/2025	Due Date: 12/17/2025	Status: V	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73914	Check Date: 12/02/2025	CC:	
<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 1100 340 2 001 1194	OTHER PROFESSIONAL SERVICES		200.00		N	
Vendor ID: LINCOL24	LINCOLN SOUTHEAST HIGH SCHOOL	PO Number:		Invoice Number: V*07112025		Amount: (200.00)
Description: Cap. City M Band Championship Reg Fee		Invoice Date: 12/05/2025	Due Date: 12/17/2025	Status: V	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73914	Check Date: 12/02/2025	CC:	
<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 1100 340 2 001 1194	OTHER PROFESSIONAL SERVICES		(200.00)		N	
Vendor ID: LINCTRUC	LINCOLN TRUCK CENTER	PO Number:		Invoice Number: XA1081986686:01		Amount: 1,067.11
Description: Ele Frnt Bklt Hint Strb LED		Invoice Date: 12/14/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73915	Check Date: 12/02/2025	CC:	
<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 2710 610 0 000	GENERAL SUPPLIES		1,005.11		N	
01 2710 610 0 000	Freight		62.00		N	
Vendor ID: LINCTRUC	LINCOLN TRUCK CENTER	PO Number:		Invoice Number: XA108199114:01		Amount: 164.70
Description: Lamp-Marker/Clearance LED		Invoice Date: 12/13/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73915	Check Date: 12/02/2025	CC:	
<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 2710 610 0 000	GENERAL SUPPLIES		164.70		N	
Vendor ID: LINCTRUC	LINCOLN TRUCK CENTER	PO Number:		Invoice Number: XA108199114:01		Amount: 607.61
Description: Alternator, Lamp/Clearance LED		Invoice Date: 12/13/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73915	Check Date: 12/02/2025	CC:	
<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 2710 610 0 000	GENERAL SUPPLIES		607.61		N	
Vendor ID: LINCTRUC	LINCOLN TRUCK CENTER	PO Number:		Invoice Number: XA108199287:01		Amount: 13.68
Description: Tie Strap-Cushioned		Invoice Date: 12/14/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73915	Check Date: 12/02/2025	CC:	
<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>

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01 2710 610 0 000	GENERAL SUPPLIES	13.68	N		
Vendor ID: LINCTRUC	LINCOLN TRUCK CENTER	PO Number:	Invoice Number: XA108199678:01	Amount:	470.36
Description: Door Battery Box/Latch flush/light led		Invoice Date: 11/19/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73915	Check Date: 12/02/2025	CC:
<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 2710 610 0 000	Accident/Parts for Bus #5		395.36	0.00	N
01 2710 610 0 000	Freight		75.00		N
Vendor ID: LINCTRUC	LINCOLN TRUCK CENTER	PO Number:	Invoice Number: XA108200680:01	Amount:	11.60
Description: Gasket oil drain		Invoice Date: 11/26/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74012	Check Date: 01/06/2026	CC:
<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 2710 610 0 000	Gasket oil drain		11.60		N
Vendor ID: MACGILL	MACGILL COMPANY	PO Number:	Invoice Number: 0912392	Amount:	119.00
Description: Feminine Product-Tampons		Invoice Date: 12/26/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73916	Check Date: 12/02/2025	CC:
<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 2130 610 2 001	GENERAL SUPPLIES		119.00		N
Vendor ID: MACGILL	MACGILL COMPANY	PO Number:	Invoice Number: 0914324	Amount:	66.40
Description: gel packs(Hamlow)		Invoice Date: 11/19/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73916	Check Date: 12/02/2025	CC:
<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 2130 610 1 004	gel packs(Hamlow)		66.40		N
Vendor ID: MACROD	MACHACEK, ROD	PO Number:	Invoice Number: 10003	Amount:	825.00
Description: BOWLING BALL DRILLING AND GRIPS		Invoice Date: 12/15/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46089	Check Date: 12/18/2025	CC:
<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>
05 2900 890 2 001 0216	BOWLING BALL DRILLING AND GRIPS		825.00		N
Vendor ID: MADISO	MADISON NATIONAL LIFE INSURANCE CO INC	PO Number:	Invoice Number: Dec2025	Amount:	25.00
Description: LTD & Life Hot Lunch		Invoice Date: 12/29/2025	Due Date: 12/29/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12026	Check Date: 12/29/2025	CC:
<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>
06 3100 216 0 000	LTD & Life Hot Lunch		25.00		N
Vendor ID: MADISO	MADISON NATIONAL LIFE INSURANCE CO INC	PO Number:	Invoice Number: Dec25	Amount:	4,062.45
Description: Dec LTD & Life		Invoice Date: 12/29/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74086	Check Date: 12/29/2025	CC:
<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 1100 211 1 003 1100	Dec LTD & Life		38.68		N
01 1100 211 1 004 1100	Dec LTD & Life		94.64		N

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01 1100 211 1 003 1101	Dec LTD & Life	42.59	N
01 1100 211 1 004 1101	Dec LTD & Life	71.68	N
01 1100 211 1 003 1102	Dec LTD & Life	37.61	N
01 1100 211 1 004 1102	Dec LTD & Life	98.57	0.00 N
01 1100 211 1 003 1103	Dec LTD & Life	52.25	N
01 1100 211 1 006 1103	Dec LTD & Life	97.43	N
01 1100 211 1 003 1104	Dec LTD & Life	17.82	N
01 1100 211 1 006 1104	Dec LTD & Life	121.55	N
01 1100 211 1 003 1105	Dec LTD & Life	51.85	N
01 1100 211 1 006 1105	Dec LTD & Life	81.46	N
01 1100 211 2 002 1106	Dec LTD & Life	163.44	N
01 1100 211 2 002 1107	Dec LTD & Life	153.73	N
01 1100 211 2 002 1108	Dec LTD & Life	164.67	N
01 1100 211 2 001 1110	Dec LTD & Life	108.31	N
01 1100 211 2 001 1114	Dec LTD & Life	7.31	N
01 1100 211 2 001 1124	Dec LTD & Life	62.71	N
01 1100 211 2 001 1130	Dec LTD & Life	65.96	N
01 1100 211 2 001 1140	Dec LTD & Life	135.74	N
01 1150 211 1 004	Dec LTD & Life	9.93	N
01 1100 211 2 001 1153	Dec LTD & Life	94.92	N
01 1100 211 2 001 1155	Dec LTD & Life	23.61	N
01 1160 211 1 003	Dec LTD & Life	56.28	N
01 1160 211 1 004	Dec LTD & Life	9.92	0.00 N
01 1160 211 1 006	Dec LTD & Life	7.42	N
01 1100 211 1 003 1168	Dec LTD & Life	18.83	N
01 1100 211 1 004 1168	Dec LTD & Life	10.73	N
01 1100 211 1 006 1168	Dec LTD & Life	10.74	N
01 1100 211 2 001 1168	Dec LTD & Life	56.49	N
01 1100 211 2 002 1168	Dec LTD & Life	42.26	N
01 1100 211 1 004 1169	Dec LTD & Life	10.33	N
01 1100 211 1 006 1169	Dec LTD & Life	10.33	N
01 1100 211 2 001 1169	Dec LTD & Life	22.01	N
01 1100 211 2 002 1169	Dec LTD & Life	19.05	N
01 1100 211 2 001 1170	Dec LTD & Life	45.52	N
01 1100 211 2 002 1170	Dec LTD & Life	21.75	N
01 1100 211 2 001 1172	Dec LTD & Life	21.22	0.00 N
01 1100 211 2 002 1172	Dec LTD & Life	4.35	N
01 1100 211 2 001 1174	Dec LTD & Life	23.01	N
01 1100 211 2 002 1174	Dec LTD & Life	18.35	N
01 1100 211 2 001 1176	Dec LTD & Life	55.62	N
01 1100 211 2 002 1176	Dec LTD & Life	20.89	N
01 1100 211 1 003 1190	Dec LTD & Life	7.64	N

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01 1100 211 1 004 1190	Dec LTD & Life	10.28	N
01 1100 211 1 006 1190	Dec LTD & Life	10.28	N
01 1100 211 2 001 1190	Dec LTD & Life	22.18	0.00 N
01 1100 211 2 002 1190	Dec LTD & Life	20.46	N
01 1100 211 1 003 1193	Dec LTD & Life	14.18	0.00 N
01 1100 211 1 004 1193	Dec LTD & Life	8.04	N
01 1100 211 1 006 1193	Dec LTD & Life	8.04	N
01 1100 211 2 001 1193	Dec LTD & Life	2.62	N
01 1100 211 2 002 1193	Dec LTD & Life	12.82	N
01 1100 211 1 003 1194	Dec LTD & Life	4.08	N
01 1100 211 1 006 1194	Dec LTD & Life	6.52	N
01 1100 211 2 001 1194	Dec LTD & Life	16.81	N
01 1100 211 2 002 1194	Dec LTD & Life	19.06	N
01 1200 211 0 000 1214	Dec LTD & Life	43.74	N
01 1200 211 1 003 1221	Dec LTD & Life	62.07	N
01 1200 211 1 004 1221	Dec LTD & Life	44.98	N
01 1200 211 1 006 1221	Dec LTD & Life	82.95	N
01 1200 211 2 001 1221	Dec LTD & Life	89.57	N
01 1200 211 2 002 1221	Dec LTD & Life	71.28	N
01 1200 211 1 004 1222	Dec LTD & Life	23.79	N
01 1200 211 2 001 1222	Dec LTD & Life	22.49	N
01 1200 211 2 002 1222	Dec LTD & Life	22.49	N
01 1200 211 0 000 1223	Dec LTD & Life	23.54	0.00 N
01 1200 211 2 001 1225	Dec LTD & Life	20.10	N
01 2120 211 1 003	Dec LTD & Life	11.49	N
01 2120 211 1 004	Dec LTD & Life	19.44	N
01 2120 211 1 006	Dec LTD & Life	22.49	0.00 N
01 2120 211 2 001	Dec LTD & Life	73.35	N
01 2120 211 2 002	Dec LTD & Life	44.27	N
01 2141 211 0 000	Dec LTD & Life	58.91	N
01 2151 211 1 004	Dec LTD & Life	20.10	N
01 2151 211 1 006	Dec LTD & Life	3.00	N
01 2151 211 2 001	Dec LTD & Life	13.73	N
01 2190 211 2 001	Dec LTD & Life	18.60	N
01 2212 211 0 000	Dec LTD & Life	46.43	N
01 2220 211 1 003	Dec LTD & Life	20.97	N
01 2220 211 1 004	Dec LTD & Life	22.07	N
01 2220 211 1 006	Dec LTD & Life	21.97	N
01 2220 211 2 001	Dec LTD & Life	21.49	N
01 2220 211 2 002	Dec LTD & Life	22.63	N
01 2230 211 0 000	Dec LTD & Life	35.50	N
01 2320 215 0 000	Dec LTD & Life	61.54	N

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01 2320 216 0 000	Dec LTD & Life	44.44	N
01 2410 211 1 003	Dec LTD & Life	35.07	N
01 2410 211 1 004	Dec LTD & Life	30.35	N
01 2410 211 1 006	Dec LTD & Life	35.78	N
01 2410 211 2 001	Dec LTD & Life	88.60	N
01 2410 211 2 002	Dec LTD & Life	72.09	N
01 2570 216 0 000	Dec LTD & Life	40.60	N
01 2610 210 2 001	Dec LTD & Life	11.20	N
01 2620 216 0 000	Dec LTD & Life	27.97	N
01 2710 216 0 000	Dec LTD & Life	13.00	N
01 2712 216 0 000	Dec LTD & Life	13.00	N
01 3540 211 1 003	Dec LTD & Life	20.26	N
01 3540 211 1 004	Dec LTD & Life	18.33	N
01 3535 211 0 000	Dec LTD & Life	23.48	N
01 6200 211 1 003	Dec LTD & Life	12.91	N
01 6200 211 1 006	Dec LTD & Life	15.07	N
01 6310 211 1 003	Dec LTD & Life	6.40	N
01 6408 211 0 000	Dec LTD & Life	22.98	N
01 6408 211 1 000	Dec LTD & Life	22.49	N
01 6408 211 2 000	Dec LTD & Life	18.88	N

Vendor ID: MAJNAD MAJLESSI, NADER PO Number: Invoice Number: 11/23-/12/20 Amount: 63.00
 Description: EVENT WORKER PAY 11/23/25 - 12-20-25 Invoice Date: 12/30/2025 Due Date: 12/30/2025 Status: P 1099 Amount: 63.00
 Sequence: 1 Check Type: Check Checking Account ID: 2 Check Number: 46139 Check Date: 12/30/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 2 001 0114 EVENT WORKER PAY 11/23/25 - 12-20-25 63.00 63.00 N

Vendor ID: MARKEN MAR, KEN PO Number: Invoice Number: BB 12/23 Amount: 100.00
 Description: EMC BBB 12/23 Invoice Date: 12/23/2025 Due Date: 12/23/2025 Status: P 1099 Amount: 100.00
 Sequence: 1 Check Type: Check Checking Account ID: 2 Check Number: 46106 Check Date: 12/23/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 2 001 0116 EMC BBB 12/23 100.00 100.00 N

Vendor ID: MARCHA MARTINEZ, CHAD PO Number: Invoice Number: WREST 1/15/26 Amount: 200.00
 Description: WRESTLING DUAL 1/15/26 Invoice Date: 12/29/2025 Due Date: 12/29/2025 Status: P 1099 Amount: 200.00
 Sequence: 1 Check Type: Check Checking Account ID: 2 Check Number: 46122 Check Date: 12/29/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 2 001 0116 WRESTLING DUAL 1/15/26 200.00 200.00 N

Vendor ID: MARCHA MARTINEZ, CHAD PO Number: Invoice Number: WREST 1/9/26 Amount: 400.00
 Description: EMC DUAL WRESTLING 1/9/26 Invoice Date: 12/29/2025 Due Date: 12/29/2025 Status: P 1099 Amount: 400.00
 Sequence: 2 Check Type: Check Checking Account ID: 2 Check Number: 46123 Check Date: 12/29/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 2 001 0116 EMC DUAL WRESTLING 1/19/26 400.00 400.00 N

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Vendor ID: MASFEL	MASUR, FELIX	PO Number:	Invoice Number: EVENT WORKER PAY	Amount:	39.38
Description: EVENT WORKER PAY 10/19 - 11/22		Invoice Date: 12/02/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46006	Check Date: 12/03/2025	CC:
<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>
05 2900 890 2 001 0114	EVENT WORKER PAY 10/19 - 11/22		39.38		N
Vendor ID: MATHESON	MATHESON TRI-GAS INC	PO Number:	Invoice Number: 003220308	Amount:	127.49
Description: Cylinder Rental		Invoice Date: 11/21/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73917	Check Date: 12/02/2025	CC:
<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 2620 440 0 000	Cylinder Rental		127.49		N
Vendor ID: MATHESON	MATHESON TRI-GAS INC	PO Number:	Invoice Number: 0032420309	Amount:	49.51
Description: Cylinder Rental		Invoice Date: 11/21/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73917	Check Date: 12/02/2025	CC:
<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 2620 440 0 000	Cylinder Rental		49.51		N
Vendor ID: MATHESON	MATHESON TRI-GAS INC	PO Number:	Invoice Number: 52577434	Amount:	174.74
Description: Rental		Invoice Date: 12/31/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73917	Check Date: 12/02/2025	CC:
<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 2620 440 0 000	Cylinder Rental		174.74	0.00	N
Vendor ID: MCCBRI	MCCLOSKY, BRIANA	PO Number:	Invoice Number: 12/08/20251	Amount:	391.61
Description: NERF WAR EXPENSE REIMBURSEMENT		Invoice Date: 12/09/2025	Due Date: 12/09/2025	Status: V	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:
<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>
05 2900 890 1 004 0880	NERF WAR EXPENSE REIMBURSEMENT		391.61		N
Vendor ID: MCCBRI	MCCLOSKY, BRIANA	PO Number:	Invoice Number: 12/11/2025	Amount:	391.61
Description: NERF WAR EXPENSE REIMBURSEMENT		Invoice Date: 12/11/2025	Due Date: 12/11/2025	Status: P	1099 Amount: 0.00
Sequence: 5	Check Type: Check	Checking Account ID: 2	Check Number: 45117	Check Date: 12/17/2025	CC:
<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>
05 2900 890 1 004 0880	NERF WAR EXPENSE REIMBURSEMENT		391.61		N
Vendor ID: MCCBRI	MCCLOSKY, BRIANA	PO Number:	Invoice Number: 20251204	Amount:	391.61
Description: NERF WAR EXPENSE		Invoice Date: 12/04/2025	Due Date: 12/04/2025	Status: V	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:
<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>
05 2900 890 1 004 0880	NERF WAR EXPENSE		391.61		N
Vendor ID: MCCBRI	MCCLOSKY, BRIANA	PO Number:	Invoice Number: V*12/08/20251	Amount:	(391.61)
Description: NERF WAR EXPENSE REIMBURSEMENT		Invoice Date: 12/14/2025	Due Date: 12/09/2025	Status: V	1099 Amount: 0.00

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Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:
<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>
05 2900 890 1 004 0880	NERF WAR EXPENSE REIMBURSEMENT		(391.61)		N
Vendor ID: MCCBRI	MCCLOSKY, BRIANA	PO Number:	Invoice Number: V*20251204	Amount:	(391.61)
Description: NERF WAR EXPENSE		Invoice Date: 12/09/2025	Due Date: 12/04/2025	Status: V	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:
<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>
05 2900 890 1 004 0880	NERF WAR EXPENSE		(391.61)		N
Vendor ID: MCCTAY	MCCORD, TAYLOR	PO Number:	Invoice Number: WREST 1/6/26	Amount:	250.00
Description: WRESTLING OFFICIAL 1/6/26		Invoice Date: 12/29/2025	Due Date: 12/29/2025	Status: P	1099 Amount: 250.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46124	Check Date: 12/29/2025	CC:
<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>
05 2900 890 2 001 0116	WRESTLING OFFICIAL 1/6/26		250.00	250.00	N
Vendor ID: MENARD	MENARDS LINCOLN-NORTH	PO Number:	Invoice Number: 31668	Amount:	297.77
Description: Supplies		Invoice Date: 12/03/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73918	Check Date: 12/02/2025	CC:
<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 1100 610 2 001 1170	GENERAL SUPPLIES		297.77		N
Vendor ID: MENARD	MENARDS LINCOLN-NORTH	PO Number:	Invoice Number: 31883	Amount:	62.27
Description: PVC Pipe		Invoice Date: 12/06/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73918	Check Date: 12/02/2025	CC:
<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 2620 610 0 000	GENERAL SUPPLIES		62.27		N
Vendor ID: MENARD	MENARDS LINCOLN-NORTH	PO Number:	Invoice Number: 31956	Amount:	161.09
Description: Supplies/Bus Barn		Invoice Date: 12/07/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73918	Check Date: 12/02/2025	CC:
<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 2710 610 0 000	Supplies/Bus Barn		161.09		N
Vendor ID: MENARD	MENARDS LINCOLN-NORTH	PO Number:	Invoice Number: 32276	Amount:	323.11
Description: Woodshop/Malcolm, Door Frame		Invoice Date: 12/11/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73918	Check Date: 12/02/2025	CC:
<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 1100 610 2 002 1170	Wood shop/Malcolm		253.12		N
01 2620 610 0 000	Door Frame		69.99		N
Vendor ID: MENARD	MENARDS LINCOLN-NORTH	PO Number:	Invoice Number: 32348	Amount:	177.63
Description: Supplies		Invoice Date: 12/11/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73918	Check Date: 12/02/2025	CC:
<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>

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01 1100 610 2 001 1170	GENERAL SUPPLIES	177.63	N		
Vendor ID: MENARD	MENARDS LINCOLN-NORTH	PO Number:	Invoice Number: 33081	Amount:	164.16
Description: Supplies(Tony B)		Invoice Date: 11/20/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73918	Check Date: 12/02/2025	CC:
<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 2710 610 0 000	Supplies(Tony B)		164.16		N
Vendor ID: MENARD	MENARDS LINCOLN-NORTH	PO Number:	Invoice Number: 33170	Amount:	43.98
Description: Supples(Jeremy H)		Invoice Date: 11/21/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73918	Check Date: 12/02/2025	CC:
<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 2620 610 0 000	Supples		43.98		N
Vendor ID: MENARD	MENARDS LINCOLN-NORTH	PO Number:	Invoice Number: 33368	Amount:	274.74
Description: Supplies HS shop		Invoice Date: 11/23/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74013	Check Date: 01/06/2026	CC:
<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 1100 610 2 001 1170	Supplies HS shop		274.74		N
Vendor ID: MICAPR	MICHAEL, APRIL	PO Number:	Invoice Number: Reimb10/6/25	Amount:	24.98
Description: Supplies for nursing office Eagle		Invoice Date: 10/06/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74014	Check Date: 01/06/2026	CC:
<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 2130 610 1 003	Supplies for nursing office Eagle		24.98		N
Vendor ID: MIDWES31	MIDWEST BUS PARTS, INC	PO Number:	Invoice Number: 19178	Amount:	317.87
Description: Motor Cradle Assembly bus #9		Invoice Date: 12/02/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74015	Check Date: 01/06/2026	CC:
<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 2710 610 0 000	Motor Cradle Assembly bus #9		317.87		N
Vendor ID: MILLAR	MILLARD LUMBER INC	PO Number:	Invoice Number: 871239	Amount:	100.00
Description: GR02DMGD_Damaged dimension lumber		Invoice Date: 11/17/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73919	Check Date: 12/02/2025	CC:
<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 1100 610 2 001 1170	GR02DMGD_Damaged dimension lumber		100.00		N
Vendor ID: MILWESTCHE	MILLARD WEST CHEER INC	PO Number:	Invoice Number: 2026-25	Amount:	60.00
Description: JAM THE GYM REGISTRATION FEE		Invoice Date: 12/04/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46057	Check Date: 12/12/2025	CC:
<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>
05 2900 890 2 001 0305	JAM THE GYM REGISTRATION FEE		60.00		N
Vendor ID: MILLAR3	MILLARD WEST HIGH SCHOOL	PO Number:	Invoice Number: WREST 1/3	Amount:	200.00

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Description: GIRLS WRESTLING INVITE 1/3/26		Invoice Date: 12/22/2025	Due Date: 12/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46107	Check Date: 12/23/2025	CC:
<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>
05 2900 890 2 001 0117	GIRLS WRESTLING INVITE 1/3/26		200.00		N
Vendor ID: MUHMAD	MUHLBACH, MADELYN	PO Number:	Invoice Number: STUCO	Amount:	109.52
Description: STUCO HOLIDAY WISHES		Invoice Date: 12/10/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46090	Check Date: 12/18/2025	CC:
<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>
05 2900 890 2 001 0370	STUCO HOLIDAY WISHES		109.52		N
Vendor ID: MUNROE	Munroe, Brenda	PO Number:	Invoice Number: reimb11172025	Amount:	309.54
Description: reimb for sui training sioux falls		Invoice Date: 12/17/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73920	Check Date: 12/02/2025	CC:
<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 2310 333 0 000	mileage reimb. to sioux falls		309.54		N
Vendor ID: NASB	NASB	PO Number:	Invoice Number: N-54339-1118	Amount:	534.00
Description: Area Membership Meeting-Fremont		Invoice Date: 12/07/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73921	Check Date: 12/02/2025	CC:
<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 2310 320 0 000	PROFESSIONAL EDUCATIONAL SERVICES		534.00		N
Vendor ID: NASB	NASB	PO Number:	Invoice Number: N-54565	Amount:	2,754.00
Description: 2025 State Education Conference		Invoice Date: 10/11/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74016	Check Date: 01/06/2026	CC:
<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 2320 320 0 000	2025 State Education Conference		2,450.00		N
01 2320 320 0 000	2025 State Education Conference		304.00		N
Vendor ID: NATION16	NATIONAL FFA ORGANIZATION	PO Number:	Invoice Number: MDS370107	Amount:	1,160.50
Description: FFA JACKETS		Invoice Date: 11/20/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46058	Check Date: 12/12/2025	CC:
<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>
05 2900 890 2 001 0320	FFA JACKETS		1,160.50		N
Vendor ID: NCA	NCA	PO Number:	Invoice Number: STATE CHEER	Amount:	280.00
Description: STATE CHEER REGISTRATION		Invoice Date: 12/03/2025	Due Date: 12/05/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46030	Check Date: 12/05/2025	CC:
<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>
05 2900 890 2 001 0305	STATE CHEER REGISTRATION		280.00		N
Vendor ID: NCECBV	NCECBVI	PO Number:	Invoice Number: O-2341	Amount:	2,469.60
Description: Blind or Visually Impaired		Invoice Date: 12/30/2025	Due Date: 12/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73967	Check Date: 12/02/2025	CC:

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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 2181 591 2 000	Blind or Visually Impaired		2,469.60		N	
Vendor ID: NCSPEA	NCS PEARSON ASSESMENTS	PO Number: CO00607	Invoice Number: 30018800	Amount: 250.00		
Description: ASRS INTERPRETATION REPORTS-QGLOBAL		Invoice Date: 12/22/2025	Due Date: 12/22/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73922	Check Date: 12/02/2025	CC:	
<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 2141 610 0 000	ASRS INTERPRETATION REPORTS-QGLOBAL		250.00	0.00	N	Final
Vendor ID: NEBRAS3	NEBRASKA CITY HIGH SCHOOL	PO Number:	Invoice Number: MS XC 9/25	Amount: 90.00		
Description: MS B/G XC INVITE 9/25		Invoice Date: 11/21/2025	Due Date: 12/05/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46031	Check Date: 12/05/2025	CC:	
<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>
05 2900 890 2 001 0117	MS B/G XC INVITE 9/25		90.00		N	
Vendor ID: NEBRAS3	NEBRASKA CITY HIGH SCHOOL	PO Number:	Invoice Number: WREST 12/15	Amount: 175.00		
Description: BOYS JV WRESTLING 12/15		Invoice Date: 12/09/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46059	Check Date: 12/12/2025	CC:	
<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>
05 2900 890 2 001 0117	BOYS JV WRESTLING 12/15		175.00		N	
Vendor ID: NECOUNSCH	NEBRASKA COUNCIL OF SCHOOL ADMINISTRATORS	PO Number:	Invoice Number: 88544	Amount: 190.00		
Description: 2025 NASES Fall Conference/D.M.		Invoice Date: 12/15/2025	Due Date: 12/17/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73923	Check Date: 12/02/2025	CC:	
<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 1200 340 0 000 1214	OTHER PROFESSIONAL SERVICES		190.00		N	
Vendor ID: NECOUNSCH	NEBRASKA COUNCIL OF SCHOOL ADMINISTRATORS	PO Number:	Invoice Number: 89125	Amount: 115.00		
Description: 2025 NE School Safety & Security/C.W.		Invoice Date: 12/17/2025	Due Date: 12/17/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73923	Check Date: 12/02/2025	CC:	
<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 2320 320 0 000	2025 NE School Safety & Security/C.W.		115.00	0.00	N	
Vendor ID: NECOUNSCH	NEBRASKA COUNCIL OF SCHOOL ADMINISTRATORS	PO Number:	Invoice Number: 89385	Amount: 870.00		
Description: Activity Dues/R.D. & A.P.		Invoice Date: 12/12/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73923	Check Date: 12/02/2025	CC:	
<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 2320 810 0 000	DUES AND FEES		870.00		N	
Vendor ID: NEBGOLF	NEBRASKA GOLF AND TURF	PO Number:	Invoice Number: 02-187202	Amount: 960.00		
Description: GOLF CART RENTAL HOME FB GAMES NOV		Invoice Date: 11/30/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46060	Check Date: 12/12/2025	CC:	

Invoice Listing - Detail

<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>
05 2900 890 2 001 0114	GOLF CART RENTAL HOME FB GAMES NOV		960.00		N	
Vendor ID: NEBRAS30	NEBRASKA HIGH SCHOOL SPORTS HALL OF FAME FOUNDATION	PO Number:		Invoice Number: BB 11/25		Amount: 199.00
Description: % GATE RECEIPTS 11/25 HOF JAMBOREE GBB		Invoice Date: 12/04/2025	Due Date: 12/05/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46032	Check Date: 12/05/2025	CC:	
<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>
05 2900 890 2 001 0112	% GATE RECEIPTS 11/25 HOF JAMBOREE GBB		199.00		N	
Vendor ID: NEBRAS30	NEBRASKA HIGH SCHOOL SPORTS HALL OF FAME FOUNDATION	PO Number:		Invoice Number: V*MS XC 9/25		Amount: (90.00)
Description: MS BOYS/GIRLS XC INVITE 9/25		Invoice Date: 12/16/2025	Due Date: 11/26/2025	Status: V	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45979	Check Date: 11/26/2025	CC:	
<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>
05 2900 890 2 001 0117	MS BOYS/GIRLS XC INVITE 9/25		(90.00)		N	
Vendor ID: NEBSFTCNTR	NEBRASKA SAFETY CENTER	PO Number:		Invoice Number: V*57-14839		Amount: (500.00)
Description: BUS ENDORSEMENT - C ALEXANDER		Invoice Date: 12/12/2025	Due Date: 10/07/2025	Status: V	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73694	Check Date: 10/07/2025	CC:	
<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 2710 340 0 000	BUS ENDORSEMENT - C ALEXANDER		(500.00)		N	
Vendor ID: NEBRAS33	NEBRASKA STATE FIRE MARSHAL	PO Number:		Invoice Number: 2026-1227		Amount: 405.00
Description: Annual Registration Fee/ Petro. Release		Invoice Date: 12/01/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74017	Check Date: 01/06/2026	CC:	
<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 2710 626 0 000	Annual Registration Fee/ Petro. Release		405.00		N	
Vendor ID: NEBRAS8	NEBRASKA STATE FIRE MARSHAL AGENCY	PO Number:		Invoice Number: 136333		Amount: 194.00
Description: Boilers		Invoice Date: 11/19/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73924	Check Date: 12/02/2025	CC:	
<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 2620 610 1 004	Boiler(Hamlow)		25.00		N	
01 2620 610 2 002	Boiler(MS)		169.00		N	
Vendor ID: NELLIL	NELMS, LILLIAN	PO Number:		Invoice Number: FFA		Amount: 9.97
Description: FFA SHARPIE MARKERS		Invoice Date: 12/15/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46091	Check Date: 12/18/2025	CC:	
<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>
05 2900 890 2 001 0320	FFA SHARPIE MARKERS		9.97		N	
Vendor ID: NIENOL	NIEMEC, NOLAN	PO Number:		Invoice Number: WREST 1/10		Amount: 275.00
Description: WRESTLING OFFICIAL 1/10/26		Invoice Date: 12/29/2025	Due Date: 12/29/2025	Status: P	1099 Amount: 275.00	

Invoice Listing - Detail

Sequence: 1 Check Type: Check Checking Account ID: 2 Check Number: 46125 Check Date: 12/29/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 2 001 0116 WRESTLING OFFICIAL 1/10/26 275.00 275.00 N

Vendor ID: NOLMIK NOLAN, MICHAEL PO Number: Invoice Number: WREST 1/10 Amount: 275.00
 Description: WRESTLING OFFICIAL 1/10/26 Invoice Date: 12/29/2025 Due Date: 12/29/2025 Status: P 1099 Amount: 275.00
 Sequence: 1 Check Type: Check Checking Account ID: 2 Check Number: 46126 Check Date: 12/29/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 2 001 0116 WRESTLING OFFICIAL 1/10/26 275.00 275.00 N

Vendor ID: OBRIEN O'Brien, Kaylee PO Number: Invoice Number: Reimbursement 12.11. Amount: 530.57
 Description: PTO - Teacher Appreciation Invoice Date: 12/11/2025 Due Date: 12/11/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 2 Check Number: 45131 Check Date: 12/11/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 1 004 0880 Supplies Purchased for Teacher Appreciat 263.07 N
 05 2900 890 1 004 0880 Taco Salads for Staff Appreciation 267.50 N

Vendor ID: OREILL2 O'REILLY AUTOMOTIVE STORES INC PO Number: Invoice Number: 5824-387570 Amount: 188.28
 Description: Maintenance Van #15 Invoice Date: 10/01/2025 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 73927 Check Date: 12/02/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 2710 610 0 000 Maintenance Van #15 188.28 N

Vendor ID: OREILL2 O'REILLY AUTOMOTIVE STORES INC PO Number: Invoice Number: 5824-388372 Amount: 55.96
 Description: Undercoat bus #3 and #6 Invoice Date: 10/08/2025 Due Date: 01/06/2026 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 74019 Check Date: 01/06/2026 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 2710 610 0 000 Undercoat bus #3 and #6 55.96 N

Vendor ID: OREILL2 O'REILLY AUTOMOTIVE STORES INC PO Number: Invoice Number: 5824-390883 Amount: 215.60
 Description: Oil and Fuel Filters Invoice Date: 10/30/2025 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 73927 Check Date: 12/02/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 2710 610 0 000 Oil and Fuel Filters 215.60 N

Vendor ID: OREILL2 O'REILLY AUTOMOTIVE STORES INC PO Number: Invoice Number: 5824-391824 Amount: 202.78
 Description: Bracket cal/ cv shaft/ gasket/ core char Invoice Date: 11/06/2025 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 73927 Check Date: 12/02/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 2710 610 0 000 bracketed cal/sub #5 57.23 N
 01 2710 610 0 000 Core charge/sub #5 20.00 N
 01 2710 610 0 000 Cv shaft/sub #5 100.57 N
 01 2710 610 0 000 3 oz gasket/bus #9 24.98 N

Vendor ID: OREILL2 O'REILLY AUTOMOTIVE STORES INC PO Number: Invoice Number: 5824-392379 Amount: 31.76

Invoice Listing - Detail

Description: Brake Caliber-core return/Bus Barn		Invoice Date: 12/11/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73927	Check Date: 12/02/2025	CC:
<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 2710 610 0 000	Brake Caliber-core return/Bus Barn		31.76		N
Vendor ID: OREILL2	O'REILLY AUTOMOTIVE STORES INC	PO Number:	Invoice Number: 5824-393196	Amount:	52.36
Description: Cruise Switch - Van #16		Invoice Date: 11/18/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73927	Check Date: 12/02/2025	CC:
<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 2712 610 0 000	Cruise Switch - Van #16		52.36		N
Vendor ID: OREILL2	O'REILLY AUTOMOTIVE STORES INC	PO Number:	Invoice Number: 5824-394721	Amount:	130.18
Description: Wiper Blades/oil filters		Invoice Date: 12/02/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74019	Check Date: 01/06/2026	CC:
<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 2710 610 0 000	Wiper Blades/oil filters		130.18		N
Vendor ID: OFFICE	ODP BUSINESS SOLUTIONS, LLC	PO Number:	Invoice Number: 435473681-1	Amount:	41.97
Description: Pencils, Crayola,		Invoice Date: 12/11/2025	Due Date: 12/17/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73925	Check Date: 12/02/2025	CC:
<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 2320 610 0 000	GENERAL SUPPLIES		41.97		N
Vendor ID: OLTNEA	OLTMAN, NEALEY	PO Number:	Invoice Number: 11.23.25 NO	Amount:	7,855.10
Description: October/November 2025		Invoice Date: 12/23/2025	Due Date: 12/23/2025	Status: P	1099 Amount: 7,855.10
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73968	Check Date: 12/02/2025	CC:
<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 2151 320 1 003	October/November 2025		7,855.10	7,855.10	N
Vendor ID: ONDECK	ON DECK SPORTS	PO Number:	Invoice Number: INV228270	Amount:	1,754.22
Description: SET OF BASES, TEES		Invoice Date: 11/26/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46061	Check Date: 12/12/2025	CC:
<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>
05 2900 890 2 001 0147	SET OF BASES, TEES		1,754.22		N
Vendor ID: ONECALL	ONE CALL CONCEPTS INC	PO Number:	Invoice Number: 5110685	Amount:	0.82
Description: Regular Locate Fee		Invoice Date: 11/30/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74018	Check Date: 01/06/2026	CC:
<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 2230 340 0 000	Regular Locate Fee		0.82		N
Vendor ID: ONESOURCE	ONE SOURCE	PO Number:	Invoice Number: 2022192017	Amount:	398.00
Description: Background Check		Invoice Date: 12/01/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73926	Check Date: 12/02/2025	CC:
<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>

Invoice Listing - Detail

01 2310 350 0 000 TECHNICAL SERVICES 398.00 N

Vendor ID: ONTOCOLLEG ONTOCOLLEGE PO Number: Invoice Number: 6665 Amount: 10,000.00
 Description: 2026 OnToCollege Test Prep + CCR - Renew Invoice Date: 12/19/2025 Due Date: 12/19/2025 Status: P 1099 Amount: 10,000.00
 Sequence: 1 Check Type: Check Checking Account ID: 2 Check Number: 45144 Check Date: 12/23/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 0 000 0965 2026 OnToCollege Test Prep + CCR - Renew 10,000.00 10,000.00 N

Vendor ID: PARKINGARE Parking Area Maintenance Inc PO Number: Invoice Number: 29483 Amount: 3,314.00
 Description: Cracksealing - Middles School Invoice Date: 11/23/2025 Due Date: 11/23/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 8 Check Number: 2987 Check Date: 12/02/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 08 2620 340 0 000 Cracksealing - Middles School 3,314.00 N

Vendor ID: PARKINGARE Parking Area Maintenance Inc PO Number: Invoice Number: 29498 Amount: 3,131.00
 Description: Cracksealing - High School Invoice Date: 11/23/2025 Due Date: 11/23/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 8 Check Number: 2987 Check Date: 12/02/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 08 2620 340 0 000 Cracksealing - High School 3,131.00 0.00 N

Vendor ID: PAVJUS PAVICH, JUSTIN PO Number: Invoice Number: GBB 12/4 Amount: 100.00
 Description: GIRLS VARSITY BASKETBALL 12/4 Invoice Date: 12/01/2025 Due Date: 12/03/2025 Status: P 1099 Amount: 100.00
 Sequence: 1 Check Type: Check Checking Account ID: 2 Check Number: 46007 Check Date: 12/03/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 2 001 0116 GIRLS VARSITY BASKETBALL12/4 100.00 100.00 N

Vendor ID: PENSKE PENSKE TRUCK LEASING CO., L.P. PO Number: Invoice Number: C011865543 Amount: 664.55
 Description: Rental Truck-Marching Band Competition Invoice Date: 10/20/2025 Due Date: 01/06/2026 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 74020 Check Date: 01/06/2026 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 1100 340 2 001 1194 Rental Truck-Marching Band Competition 664.55 N

Vendor ID: PENSKE PENSKE TRUCK LEASING CO., L.P. PO Number: Invoice Number: C011865567 Amount: 392.60
 Description: Rental Truck-Marching Band Competition Invoice Date: 10/13/2025 Due Date: 01/06/2026 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 74020 Check Date: 01/06/2026 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 1100 340 2 001 1194 Rental Truck-Marching Band Competition 392.60 N

Vendor ID: PENSKE PENSKE TRUCK LEASING CO., L.P. PO Number: Invoice Number: C011865580 Amount: 307.21
 Description: Rental Truck-Marching Band Competition Invoice Date: 10/06/2025 Due Date: 01/06/2026 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 74020 Check Date: 01/06/2026 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 1100 340 2 001 1194 Rental Truck-Marching Band Competition 307.21 N

Vendor ID: PENSKE PENSKE TRUCK LEASING CO., L.P. PO Number: Invoice Number: c011865581 Amount: 274.40

Invoice Listing - Detail

Description: Vehicle Rental Agreement/HS Band		Invoice Date: 12/27/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73928	Check Date: 12/02/2025	CC:
<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 1100 340 2 001 1194	OTHER PROFESSIONAL SERVICES		274.40		N
Vendor ID: PENSKE	PENSKE TRUCK LEASING CO., L.P.	PO Number:	Invoice Number: C011865582	Amount:	274.70
Description: Rental Truck-Marching Band Competition		Invoice Date: 10/06/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74020	Check Date: 01/06/2026	CC:
<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 1100 340 2 001 1194	Rental Truck-Marching Band Competition		274.70		N
Vendor ID: PENSKE	PENSKE TRUCK LEASING CO., L.P.	PO Number:	Invoice Number: C011984250	Amount:	377.30
Description: Rental Truck-Marching Band Competition		Invoice Date: 10/13/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74020	Check Date: 01/06/2026	CC:
<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 1100 340 2 001 1194	Rental Truck-Marching Band Competition		377.30		N
Vendor ID: PENSKE	PENSKE TRUCK LEASING CO., L.P.	PO Number:	Invoice Number: C011984251	Amount:	547.90
Description: Rental Truck-Marching Band Competition		Invoice Date: 10/20/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74020	Check Date: 01/06/2026	CC:
<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 1100 340 2 001 1194	Rental Truck-Marching Band Competition		547.90		N
Vendor ID: PENSKE	PENSKE TRUCK LEASING CO., L.P.	PO Number:	Invoice Number: c011984252	Amount:	274.40
Description: Vehicle Rental Agreement/HS Band		Invoice Date: 12/27/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73928	Check Date: 12/02/2025	CC:
<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 1100 340 2 001 1194	OTHER PROFESSIONAL SERVICES		274.40		N
Vendor ID: PERMAB	PERMA-BOUND	PO Number:	Invoice Number: 2024507-02	Amount:	329.81
Description: Books		Invoice Date: 10/09/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73929	Check Date: 12/02/2025	CC:
<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 2220 640 2 002	BOOKS AND PERIODICALS		329.81		N
Vendor ID: PERMAB	PERMA-BOUND	PO Number:	Invoice Number: 2024507-03	Amount:	49.71
Description: Books		Invoice Date: 12/09/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73929	Check Date: 12/02/2025	CC:
<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 2220 640 2 002	BOOKS AND PERIODICALS		49.71	0.00	N
Vendor ID: PERRYG	PERRY GUTHERY HAASE & GESSFORD	PO Number:	Invoice Number: 10222025	Amount:	1,846.80
Description: Legal Services		Invoice Date: 12/22/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 1,846.80
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73930	Check Date: 12/02/2025	CC:
<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>

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01 2330 317 0 000 CONTRACTED LEGAL SERVICES 1,846.80 1,846.80 N

Vendor ID: PETTIT PETTIT FAMILY MAPLE PO Number: Invoice Number: 24022 Amount: 549.50
 Description: SYRUP FOR FALL SALES Invoice Date: 12/17/2025 Due Date: 12/29/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 2 Check Number: 46127 Check Date: 12/29/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 2 001 0320 SYRUP FOR FALL SALES 549.50 N

Vendor ID: PIPPAI PIPER, PAIGE PO Number: Invoice Number: DANCE Amount: 439.07
 Description: RHINESTONES AND COSTUME PIECES Invoice Date: 12/09/2025 Due Date: 12/18/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 2 Check Number: 46092 Check Date: 12/18/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 2 001 0306 RHINESTONES AND COSTUME PIECES 439.07 N

Vendor ID: PIUSXH PIUS X HIGH SCHOOL PO Number: Invoice Number: BOWL 12/30 Amount: 280.00
 Description: BOYS/GIRLS BOWLING TOURNEY 12/30 Invoice Date: 12/22/2025 Due Date: 12/23/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 2 Check Number: 46108 Check Date: 12/23/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 2 001 0117 BOYS/GIRLS BOWLING TOURNEY 12/30 280.00 N

Vendor ID: PLATTE2 PLATTEVIEW HIGH SCHOOL, PO Number: Invoice Number: JV/V WREST 12/19 Amount: 150.00
 Description: JV/V WRESTLING TOURNEY 12/19 Invoice Date: 12/11/2025 Due Date: 12/12/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 2 Check Number: 46062 Check Date: 12/12/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 2 001 0117 JV/V WRESTLING TOURNEY 12/19 150.00 N

Vendor ID: PLATTE2 PLATTEVIEW HIGH SCHOOL, PO Number: Invoice Number: WRES 12/20 Amount: 150.00
 Description: GIRLS JV/V WRESTLING TOURNEY 12/20 Invoice Date: 12/15/2025 Due Date: 12/18/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 2 Check Number: 46093 Check Date: 12/18/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 2 001 0117 GIRLS JV/V WRESTLING TOURNEY 12/20 150.00 N

Vendor ID: PLYROS PLYBON, ROSS PO Number: Invoice Number: BBB 1/2 Amount: 65.00
 Description: 9TH GBB 1/2 Invoice Date: 12/18/2025 Due Date: 12/18/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 2 Check Number: 46094 Check Date: 12/18/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 2 001 0116 9TH GBB 1/2 65.00 N

Vendor ID: POMPSTIRE POMP'S TIRE SERVICE INC PO Number: Invoice Number: 1430128893 Amount: 5,069.52
 Description: Tires for buses #9, #6, #2 Invoice Date: 11/20/2025 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 73931 Check Date: 12/02/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 2710 610 0 000 Tires for buses #9, #6, #2 5,069.52 N

Vendor ID: PRESTO PRESTO X COMPANY PO Number: Invoice Number: 625434C Amount: 1,481.52

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Description: Maintenance		Invoice Date: 12/31/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73932	Check Date: 12/02/2025	CC:
<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 2620 431 1 003	Pest Control Maintenance/Eagle		84.98		N
01 2620 431 1 003	Exterior Insect Maintenance/Eagle		228.73		N
01 2620 431 2 001	General Pest Control Maintenance/HS		242.50		N
01 2620 431 2 001	Pest Control Maintenance/HS		92.42		N
01 2620 431 2 002	Pest Control Maintenance/MS		84.94		N
01 2620 431 2 002	General Pest Control Maintenance/MS		161.67		N
01 2620 431 1 004	General Pest Control Maintenance/Hamlow		161.67		N
01 2620 431 1 004	Pest Control Maintenance/Hamlow		84.98		N
01 2620 431 1 006	General Pest Control Maintenance/Interme		151.56		N
01 2620 431 1 006	Pest Control Maintenance		92.42		N
01 2620 431 0 000	General Pest Control Maintenance/CO		95.65		N

Vendor ID: PROPIO PROPIO LANGUAGE SERVICES PO Number: Invoice Number: 0281151025 Amount: 201.83

Description: Interpretation Services		Invoice Date: 12/31/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 201.83
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73933	Check Date: 12/02/2025	CC:
<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 1150 340 1 006	Telephone Interpretation		17.60	17.60	N
01 1150 340 1 006	Video Remote Interpretation		184.23	184.23	N

Vendor ID: QUIKDU QUIK DUMP REFUSE PO Number: Invoice Number: 137974 Amount: 1,209.60

Description: Recycling Services November 2025		Invoice Date: 11/19/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73934	Check Date: 12/02/2025	CC:
<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 2620 431 1 004	Recycling Service -Hamlow		280.80		N
01 2620 431 1 006	Recycling Service - WIS		280.80		N
01 2620 431 2 002	Recycling Service - MS		367.20		N
01 2620 431 2 001	Recycling Service - HS		280.80		N

Vendor ID: RADJOH RADICIA, JOHN PO Number: Invoice Number: WREST 1/10 Amount: 275.00

Description: WRESTLING OFFICIAL 1/10/26		Invoice Date: 12/29/2025	Due Date: 12/29/2025	Status: P	1099 Amount: 275.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46128	Check Date: 12/29/2025	CC:
<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>
05 2900 890 2 001 0116	WRESTLING OFFICIAL 1/10/26		275.00	275.00	N

Vendor ID: REITOB REINWALD, TOBIN PO Number: Invoice Number: GBB 12/18 Amount: 70.00

Description: GIRLS RESERVE BB 12/18		Invoice Date: 12/11/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 70.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46063	Check Date: 12/12/2025	CC:
<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>
05 2900 890 2 001 0116	GIRLS RESERVE BB 12/18		70.00	70.00	N

Vendor ID: RETSHI RETZLAFF, SHIRLEY PO Number: Invoice Number: 11/23-12/20 Amount: 36.00

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Description: EVENT WORKER PAY 11/23/25 - 12-20-25		Invoice Date: 12/30/2025	Due Date: 12/30/2025	Status: P	1099 Amount: 36.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46140	Check Date: 12/30/2025	CC:
<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>
05 2900 890 2 001 0114	EVENT WORKER PAY 11/23/25 - 12-20-25		36.00	36.00	N
Vendor ID: RETSHI	RETZLAFF, SHIRLEY	PO Number:	Invoice Number: EVENT WORKER PAY 10/	Amount:	144.00
Description: EVENT WORKER PAY 10/19 - 11/22		Invoice Date: 12/02/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 144.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46008	Check Date: 12/03/2025	CC:
<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>
05 2900 890 2 001 0114	EVENT WORKER PAY 10/19 - 11/22		144.00	144.00	N
Vendor ID: RILEMM	RILEY, EMMA	PO Number:	Invoice Number: ANGEL TREE	Amount:	23.66
Description: STUCO ANGEL TREE WISHES		Invoice Date: 12/10/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46064	Check Date: 12/12/2025	CC:
<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>
05 2900 890 2 001 0370	STUCO ANGEL TREE WISHES		23.66		N
Vendor ID: RINTOM	RINE, TOM	PO Number:	Invoice Number: 11/23-12/20	Amount:	308.05
Description: EVENT WORKER PAY 11/23/25 - 12-20-25		Invoice Date: 12/30/2025	Due Date: 12/30/2025	Status: P	1099 Amount: 308.05
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46141	Check Date: 12/30/2025	CC:
<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>
05 2900 890 2 001 0114	EVENT WORKER PAY 11/23/25 - 12-20-25		308.05	308.05	N
Vendor ID: RINTOM	RINE, TOM	PO Number:	Invoice Number: EVENT WORKER PAY 10/	Amount:	513.41
Description: EVENT WORKER PAY 10/19 - 11/22		Invoice Date: 12/02/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 513.41
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46009	Check Date: 12/03/2025	CC:
<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>
05 2900 890 2 001 0114	EVENT WORKER PAY 10/19 - 11/22		513.41	513.41	N
Vendor ID: ROMANS	ROMANS, WIEMER & ASSOCIATES,PC	PO Number:	Invoice Number: 5006-2025	Amount:	13,500.00
Description: 2024-2025 Audit		Invoice Date: 11/17/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73935	Check Date: 12/02/2025	CC:
<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 2310 310 0 000	2024-2025 Audit		13,500.00		N
Vendor ID: ROSSP	ROSS PLYBON	PO Number:	Invoice Number: BB 12/22	Amount:	65.00
Description: GIRLS 9TH BB 12/22		Invoice Date: 12/11/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 65.00
Sequence: 2	Check Type: Check	Checking Account ID: 2	Check Number: 46066	Check Date: 12/12/2025	CC:
<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>
05 2900 890 2 001 0116	GIRLS 9TH BB 12/22		65.00	65.00	N
Vendor ID: ROSSP	ROSS PLYBON	PO Number:	Invoice Number: BB 12/8	Amount:	90.00
Description: 8TH GRADE BB 12/8		Invoice Date: 12/10/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 90.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46065	Check Date: 12/12/2025	CC:

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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>
05 2900 890 2 001 0116	8TH GRADE BB 12/8		90.00	90.00	N	
Vendor ID: ROTELL ROTELLA'S ITALIAN BAKERY, INC.		PO Number:	Invoice Number: 605022		Amount: 86.40	
Description: Food MS		Invoice Date: 12/01/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12007	Check Date: 12/12/2025	CC:	
<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>
06 3100 630 0 000	Food MS		86.40		N	
Vendor ID: ROTELL ROTELLA'S ITALIAN BAKERY, INC.		PO Number:	Invoice Number: E73756		Amount: 118.20	
Description: Food - WIS		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11995	Check Date: 12/02/2025	CC:	
<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>
06 3100 630 0 000	Food - WIS		118.20		N	
Vendor ID: ROTELL ROTELLA'S ITALIAN BAKERY, INC.		PO Number:	Invoice Number: E78025		Amount: 170.07	
Description: Food - Eagle		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11995	Check Date: 12/02/2025	CC:	
<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>
06 3100 630 0 000	Food - Eagle		170.07		N	
Vendor ID: ROTELL ROTELLA'S ITALIAN BAKERY, INC.		PO Number:	Invoice Number: E78026		Amount: 124.46	
Description: Food - WIS		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11995	Check Date: 12/02/2025	CC:	
<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>
06 3100 630 0 000	Food - WIS		124.46		N	
Vendor ID: ROTELL ROTELLA'S ITALIAN BAKERY, INC.		PO Number:	Invoice Number: E82237		Amount: 72.30	
Description: Food - Eagle		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11995	Check Date: 12/02/2025	CC:	
<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>
06 3100 630 0 000	Food - Eagle		72.30		N	
Vendor ID: ROTELL ROTELLA'S ITALIAN BAKERY, INC.		PO Number:	Invoice Number: E83126		Amount: 47.88	
Description: Food H.S		Invoice Date: 11/04/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11995	Check Date: 12/02/2025	CC:	
<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>
06 3100 630 0 000	Food H.S		47.88		N	
Vendor ID: ROTELL ROTELLA'S ITALIAN BAKERY, INC.		PO Number:	Invoice Number: E83217		Amount: 82.46	
Description: Food Hamlow		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11995	Check Date: 12/02/2025	CC:	
<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>
06 3100 630 0 000	Food Hamlow		82.46		N	

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Vendor ID: ROTELL	ROTELLA'S ITALIAN BAKERY, INC.	PO Number:	Invoice Number: E83218	Amount:	52.76
Description: Food - WIS		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11995	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food - WIS		52.76		N
Vendor ID: ROTELL	ROTELLA'S ITALIAN BAKERY, INC.	PO Number:	Invoice Number: E84233	Amount:	54.00
Description: Food - Hamlow		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11995	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food - Hamlow		54.00		N
Vendor ID: ROTELL	ROTELLA'S ITALIAN BAKERY, INC.	PO Number:	Invoice Number: E86371	Amount:	102.00
Description: Food WMS		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11995	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food WMS		102.00		N
Vendor ID: ROTELL	ROTELLA'S ITALIAN BAKERY, INC.	PO Number:	Invoice Number: E86451	Amount:	85.34
Description: Food Eagle		Invoice Date: 11/10/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12007	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food Eagle		85.34		N
Vendor ID: ROTELL	ROTELLA'S ITALIAN BAKERY, INC.	PO Number:	Invoice Number: E87428	Amount:	86.22
Description: Food - Hamlow		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11995	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food - Hamlow		86.22		N
Vendor ID: ROTELL	ROTELLA'S ITALIAN BAKERY, INC.	PO Number:	Invoice Number: E87429	Amount:	81.14
Description: Food WIS		Invoice Date: 11/11/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12007	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food WIS		81.14		N
Vendor ID: ROTELL	ROTELLA'S ITALIAN BAKERY, INC.	PO Number:	Invoice Number: E900636	Amount:	108.10
Description: Food WMS		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11995	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food WMS		108.10		N
Vendor ID: ROTELL	ROTELLA'S ITALIAN BAKERY, INC.	PO Number:	Invoice Number: E90628	Amount:	123.39
Description: Food HS		Invoice Date: 11/17/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12007	Check Date: 12/12/2025	CC:

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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>
06 3100 630 0 000	Food HS		123.39		N	
Vendor ID: ROTELL	ROTELLA'S ITALIAN BAKERY, INC.	PO Number:	Invoice Number: E90713		Amount:	43.18
Description: Food Eagle		Invoice Date: 11/17/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12007	Check Date: 12/12/2025	CC:	
<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>
06 3100 630 0 000	Food Eagle		43.18		N	
Vendor ID: ROTELL	ROTELLA'S ITALIAN BAKERY, INC.	PO Number:	Invoice Number: E90714		Amount:	81.30
Description: Food WIS		Invoice Date: 11/17/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12007	Check Date: 12/12/2025	CC:	
<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>
06 3100 630 0 000	Food WIS		81.30		N	
Vendor ID: ROTELL	ROTELLA'S ITALIAN BAKERY, INC.	PO Number:	Invoice Number: E91717		Amount:	48.26
Description: Food Hamlow		Invoice Date: 11/18/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12007	Check Date: 12/12/2025	CC:	
<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>
06 3100 630 0 000	Food Hamlow		48.26		N	
Vendor ID: ROTELL	ROTELLA'S ITALIAN BAKERY, INC.	PO Number:	Invoice Number: E94853		Amount:	65.60
Description: Food Hamlow		Invoice Date: 11/24/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12007	Check Date: 12/12/2025	CC:	
<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>
06 3100 630 0 000	Food Hamlow		65.60		N	
Vendor ID: ROTELL	ROTELLA'S ITALIAN BAKERY, INC.	PO Number:	Invoice Number: E94854		Amount:	31.92
Description: Food WIS		Invoice Date: 11/24/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12007	Check Date: 12/12/2025	CC:	
<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>
06 3100 630 0 000	Food WIS		31.92		N	
Vendor ID: ROTELL	ROTELLA'S ITALIAN BAKERY, INC.	PO Number:	Invoice Number: E97951		Amount:	98.40
Description: Food HS		Invoice Date: 12/01/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12007	Check Date: 12/12/2025	CC:	
<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>
06 3100 630 0 000	Food HS		98.40		N	
Vendor ID: ROTELL	ROTELLA'S ITALIAN BAKERY, INC.	PO Number:	Invoice Number: E98986		Amount:	91.78
Description: Food Hamlow		Invoice Date: 12/02/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12007	Check Date: 12/12/2025	CC:	
<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>
06 3100 630 0 000	Food Hamlow		91.78		N	

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Vendor ID: ROTELL	ROTELLA'S ITALIAN BAKERY, INC.	PO Number:	Invoice Number: E99865	Amount:	114.90
Description: Food MS		Invoice Date: 12/04/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12007	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food MS		114.90		N
Vendor ID: ROTELL	ROTELLA'S ITALIAN BAKERY, INC.	PO Number:	Invoice Number: F03002	Amount:	53.89
Description: Food MS		Invoice Date: 12/09/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12007	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food MS		53.89		N
Vendor ID: RUSS1	RUSS'S MARKET EXPRESS	PO Number:	Invoice Number: 5609	Amount:	43.91
Description: supplies(Vicki F)		Invoice Date: 10/01/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73936	Check Date: 12/02/2025	CC:
<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 1100 610 2 001 1155	supplies(Vicki F)		43.91		N
Vendor ID: RUSS1	RUSS'S MARKET EXPRESS	PO Number:	Invoice Number: 5624	Amount:	67.82
Description: supplies(Vicki F)		Invoice Date: 10/24/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73936	Check Date: 12/02/2025	CC:
<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 1100 610 2 001 1155	supplies		67.82		N
Vendor ID: RUSS1	RUSS'S MARKET EXPRESS	PO Number:	Invoice Number: 5643	Amount:	15.46
Description: Supplies for Viking Fuel		Invoice Date: 12/04/2025	Due Date: 01/01/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45138	Check Date: 12/16/2025	CC:
<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>
05 2900 890 2 002 0565	Viking Fuel Supplies		15.46		N
Vendor ID: RUSS1	RUSS'S MARKET EXPRESS	PO Number:	Invoice Number: 5674	Amount:	4.47
Description: supplies		Invoice Date: 11/06/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73936	Check Date: 12/02/2025	CC:
<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 1200 610 2 002 1222	supplies		4.47		N
Vendor ID: RUSS1	RUSS'S MARKET EXPRESS	PO Number:	Invoice Number: 5680	Amount:	102.26
Description: supplies		Invoice Date: 11/11/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73936	Check Date: 12/02/2025	CC:
<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 1100 610 2 002 1174	supplies		102.26		N
Vendor ID: RUSS1	RUSS'S MARKET EXPRESS	PO Number:	Invoice Number: 5681	Amount:	13.45
Description: supplies		Invoice Date: 11/11/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73936	Check Date: 12/02/2025	CC:

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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 1200 610 2 002 1222	supplies		13.45		N	
Vendor ID: RUSS1	RUSS'S MARKET EXPRESS	PO Number:	Invoice Number: 5682		Amount:	4.49
Description: supplies		Invoice Date: 11/12/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73936	Check Date: 12/02/2025	CC:	
<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 1200 610 2 002 1222	supplies		4.49		N	
Vendor ID: RUSS1	RUSS'S MARKET EXPRESS	PO Number:	Invoice Number: ADV CUL		Amount:	12.97
Description: ADVANCED CULINARY FOODS		Invoice Date: 12/01/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46010	Check Date: 12/03/2025	CC:	
<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>
05 2900 890 2 001 0411	ADVANCED CULINARY FOODS		12.97		N	
Vendor ID: RUSS1	RUSS'S MARKET EXPRESS	PO Number:	Invoice Number: BUNS		Amount:	11.94
Description: HOT DOG BUNS		Invoice Date: 12/08/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46067	Check Date: 12/12/2025	CC:	
<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>
05 2900 890 2 001 0400	HOT DOG BUNS		11.94		N	
Vendor ID: RUSS1	RUSS'S MARKET EXPRESS	PO Number:	Invoice Number: DRINKS		Amount:	20.34
Description: DRINKS FOR TRANSPORTATION BREAKFAST		Invoice Date: 12/23/2025	Due Date: 12/29/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46129	Check Date: 12/29/2025	CC:	
<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>
05 2900 890 2 001 0111	DRINKS FOR TRANSPORTATION BREAKFAST		20.34		N	
Vendor ID: RUSS1	RUSS'S MARKET EXPRESS	PO Number:	Invoice Number: MILK		Amount:	5.19
Description: MILK		Invoice Date: 12/09/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46067	Check Date: 12/12/2025	CC:	
<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>
05 2900 890 2 001 0411	MILK		5.19		N	
Vendor ID: RUTT	RUTT'S MECHANICAL SERVICES INC	PO Number:	Invoice Number: 9167		Amount:	4,341.04
Description: Repair to HS AHU #4		Invoice Date: 08/25/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 8	Check Number: 2992	Check Date: 01/06/2026	CC:	
<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>
08 4700 720 0 000	Repair to HS AHU #4		4,341.04		N	
Vendor ID: RUTT	RUTT'S MECHANICAL SERVICES INC	PO Number:	Invoice Number: 9168		Amount:	3,034.00
Description: Replace supply fan motor		Invoice Date: 08/25/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 8	Check Number: 2992	Check Date: 01/06/2026	CC:	
<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>
08 4700 720 0 000	Replace supply fan motor		3,034.00		N	

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Vendor ID: RUTT	RUTT'S MECHANICAL SERVICES INC	PO Number:	Invoice Number: 9343	Amount:	502.15
Description: Glycol		Invoice Date: 12/23/2025	Due Date: 12/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 8	Check Number: 2988	Check Date: 12/02/2025	CC:
<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>
08 4700 720 0 000	Glycol		502.15		N
Vendor ID: RUTT	RUTT'S MECHANICAL SERVICES INC	PO Number:	Invoice Number: 9534	Amount:	3,618.00
Description: HS Replace Exhaust Fan Motor and Pulley		Invoice Date: 12/24/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 8	Check Number: 2988	Check Date: 12/02/2025	CC:
<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>
08 4700 720 0 000	HS Replace Exhaust Fan Motor and Pulley		3,618.00		N
Vendor ID: RUTT	RUTT'S MECHANICAL SERVICES INC	PO Number:	Invoice Number: 9555	Amount:	375.38
Description: Glycol		Invoice Date: 10/29/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 8	Check Number: 2992	Check Date: 01/06/2026	CC:
<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>
08 4700 720 0 000	Glycol		375.38		N
Vendor ID: RUTT	RUTT'S MECHANICAL SERVICES INC	PO Number:	Invoice Number: 9726	Amount:	687.00
Description: Boiler Emergency Stops HS		Invoice Date: 12/02/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 8	Check Number: 2992	Check Date: 01/06/2026	CC:
<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>
08 4700 720 0 000	Boiler Emergency Stops HS		687.00		N
Vendor ID: RUTT	RUTT'S MECHANICAL SERVICES INC	PO Number:	Invoice Number: 9727	Amount:	274.90
Description: Pump Gaskets (2) Hamlow		Invoice Date: 12/02/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 8	Check Number: 2992	Check Date: 01/06/2026	CC:
<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>
08 4700 720 0 000	Pump Gaskets (2) Hamlow		274.90		N
Vendor ID: SAMSCL2	SAM'S CLUB MC/SYNCB	PO Number:	Invoice Number: 11.23.25 HL - 1	Amount:	1,804.16
Description: HL Food Purchases		Invoice Date: 11/23/2025	Due Date: 11/28/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11996	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	HL Food Purchases		1,804.16		N
Vendor ID: SAMSCL2	SAM'S CLUB MC/SYNCB	PO Number:	Invoice Number: 12/26/25HL	Amount:	401.88
Description: Hot Lunch		Invoice Date: 12/08/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12029	Check Date: 01/06/2026	CC:
<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>
06 3100 630 0 000	Hot Lunch		401.88		N
Vendor ID: SAPPBR	SAPP BROS, INC - LINCOLN	PO Number:	Invoice Number: IN4862911	Amount:	214.90
Description: Diesel Exhaust Fluid		Invoice Date: 10/28/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73937	Check Date: 12/02/2025	CC:

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01 2710 610 0 000	Diesel Exhaust Fluid		214.90		N	
Vendor ID: SAPPBR SAPP BROS, INC - LINCOLN		PO Number:	Invoice Number: IN4865560		Amount: 14,432.30	
Description: Fuel		Invoice Date: 10/28/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73937	Check Date: 12/02/2025	CC:	
<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 2710 626 0 000	Conv UNL 87		12,587.72		N	
01 2710 626 0 000	PRF diesel and gas		1,844.58		N	
Vendor ID: SAPPBR SAPP BROS, INC - LINCOLN		PO Number:	Invoice Number: IN4886802		Amount: 18,443.00	
Description: Fuel		Invoice Date: 11/19/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74021	Check Date: 01/06/2026	CC:	
<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 2710 626 0 000	Fuel		14,754.40		N	
01 2712 626 0 000	Fuel		3,688.60		N	
Vendor ID: SARASC SARA SCHUSTER		PO Number:	Invoice Number: 12/08/20258		Amount: 123.98	
Description: FUNERAL WEDDING SURGERY		Invoice Date: 12/09/2025	Due Date: 12/09/2025	Status: V	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:	
<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>
05 2900 890 1 004 0856	FUNERAL WEDDING SURGERY		123.98		N	
Vendor ID: SARASC SARA SCHUSTER		PO Number:	Invoice Number: 12/11/2025		Amount: 123.98	
Description: STAFF GIFTS		Invoice Date: 12/11/2025	Due Date: 12/11/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45118	Check Date: 12/17/2025	CC:	
<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>
05 2900 890 1 006 0857	STAFF GIFTS		123.98		N	
Vendor ID: SARASC SARA SCHUSTER		PO Number:	Invoice Number: V*12/08/20258		Amount: (123.98)	
Description: FUNERAL WEDDING SURGERY		Invoice Date: 12/14/2025	Due Date: 12/09/2025	Status: V	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:	
<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>
05 2900 890 1 004 0856	FUNERAL WEDDING SURGERY		(123.98)		N	
Vendor ID: SCHKEN SCHEEL, KEN		PO Number:	Invoice Number: BB 12/22		Amount: 65.00	
Description: 9TH BB 12/22		Invoice Date: 12/22/2025	Due Date: 12/22/2025	Status: P	1099 Amount: 65.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46103	Check Date: 12/22/2025	CC:	
<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>
05 2900 890 2 001 0116	9TH BB 12/22		65.00	65.00	N	
Vendor ID: SCHKEN SCHEEL, KEN		PO Number:	Invoice Number: BBB 12/29		Amount: 65.00	
Description: 9TH BBB 12/29		Invoice Date: 12/18/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 65.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46095	Check Date: 12/18/2025	CC:	
<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>

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05 2900 890 2 001 0116	9TH BBB 12/29	65.00	65.00 N		
Vendor ID: SCHKEN	SCHEEL, KEN	PO Number:	Invoice Number: BBB 12/30	Amount:	65.00
Description: 9TH BBB 12/30		Invoice Date: 12/18/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 65.00
Sequence: 2	Check Type: Check	Checking Account ID: 2	Check Number: 46096	Check Date: 12/18/2025	CC:
<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>
05 2900 890 2 001 0116	9TH BBB 12/30		65.00	65.00 N	<u>In Full</u>
Vendor ID: SCHKEN	SCHEEL, KEN	PO Number:	Invoice Number: BBB 12/31	Amount:	70.00
Description: RESERVE GBB 12/31		Invoice Date: 12/18/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 70.00
Sequence: 3	Check Type: Check	Checking Account ID: 2	Check Number: 46097	Check Date: 12/18/2025	CC:
<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>
05 2900 890 2 001 0116	RESERVE GBB 12/31		70.00	70.00 N	<u>In Full</u>
Vendor ID: SCHKEN	SCHEEL, KEN	PO Number:	Invoice Number: BBB 12/6	Amount:	75.00
Description: BOYS JV BB 12/6		Invoice Date: 12/02/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 75.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46011	Check Date: 12/03/2025	CC:
<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>
05 2900 890 2 001 0116	BOYS JV BB 12/6		75.00	75.00 N	<u>In Full</u>
Vendor ID: SCHRAN	SCHLIEP, RANDY	PO Number:	Invoice Number: 11/23-12/20	Amount:	250.88
Description: EVENT WORKER PAY 11/23/25 - 12-20-25		Invoice Date: 12/30/2025	Due Date: 12/30/2025	Status: P	1099 Amount: 250.88
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46142	Check Date: 12/30/2025	CC:
<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>
05 2900 890 2 001 0114	EVENT WORKER PAY 11/23/25 - 12-20-25		250.88	250.88 N	<u>In Full</u>
Vendor ID: SCHRAN	SCHLIEP, RANDY	PO Number:	Invoice Number: EVENT WORKER PAY 10/	Amount:	114.76
Description: EVENT WORKER PAY 10/19 - 11/22		Invoice Date: 12/02/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 114.76
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46012	Check Date: 12/03/2025	CC:
<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>
05 2900 890 2 001 0114	EVENT WORKER PAY 10/19 - 11/22		114.76	114.76 N	<u>In Full</u>
Vendor ID: SCHFRA	SCHMAL, FRANK	PO Number:	Invoice Number: BOWLING EQUIP	Amount:	261.56
Description: BOWLING EQUIPMENT		Invoice Date: 12/19/2025	Due Date: 12/29/2025	Status: P	1099 Amount: 261.56
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46130	Check Date: 12/29/2025	CC:
<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>
05 2900 890 2 001 0216	BOWLING EQUIPMENT		261.56	261.56 N	<u>In Full</u>
Vendor ID: SCHFRA	SCHMAL, FRANK	PO Number:	Invoice Number: UNIFORMS	Amount:	340.01
Description: ADDITIONAL UNIFORMS		Invoice Date: 12/29/2025	Due Date: 12/29/2025	Status: P	1099 Amount: 340.01
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46130	Check Date: 12/29/2025	CC:
<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>
05 2900 890 2 001 0129	ADDITIONAL UNIFORMS		340.01	340.01 N	<u>In Full</u>
Vendor ID: DISTRI	SCHOOL DISTRICT 145 LUNCH	PO Number:	Invoice Number: 12/18/2025	Amount:	45.00

Invoice Listing - Detail

Description: Breakfast for Student of the Month at MS		Invoice Date: 12/18/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45142	Check Date: 12/23/2025	CC:
<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>
05 2900 890 2 002 0520	Breakfast for Student of the Month at MS		45.00		N
Vendor ID: SCOTTCAF	SCOTT CAFE	PO Number:	Invoice Number: 25110450	Amount:	1,196.00
Description: Lunches/Waverly High School		Invoice Date: 12/03/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73938	Check Date: 12/02/2025	CC:
<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 1100 610 2 001 1111	lunches/high school 10/14		1,196.00		N
Vendor ID: SCOTTRES	SCOTT RESIDENCE HALL	PO Number:	Invoice Number: 25120950	Amount:	234.00
Description: UNO LUNCH FBLA		Invoice Date: 12/09/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46068	Check Date: 12/12/2025	CC:
<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>
05 2900 890 2 001 0315	UNO LUNCH FBLA		234.00		N
Vendor ID: SEGRA	SEGRA	PO Number:	Invoice Number: SI-25-054047	Amount:	987.83
Description: EWAN/Fed Reg Rec/NE Universal Serv		Invoice Date: 12/01/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 987.83
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74022	Check Date: 01/06/2026	CC:
<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 1100 735 1 003 1111	EWAN/Fed Reg Rec/NE Universal Serv - Eag		235.09	235.09	N
01 1100 735 2 001 1111	EWAN/Fed Reg Rec/NE Universal Serv - HS		752.74	752.74	N
Vendor ID: SHAMIK	SHALIKOW, MIKAL	PO Number:	Invoice Number: BOWL	Amount:	494.68
Description: BOWL BALLS, TAPE, EQUIPMENT 25/26 SEASON		Invoice Date: 12/10/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46069	Check Date: 12/12/2025	CC:
<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>
05 2900 890 2 001 0216	BOWL BALLS, TAPE, EQUIPEMNT 25/26 SEASON		494.68		N
Vendor ID: SHAMIK	SHALIKOW, MIKAL	PO Number:	Invoice Number: Reimb1172025	Amount:	1,529.58
Description: Hotel for SUI - Sioux Fall MS / BM		Invoice Date: 12/17/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73939	Check Date: 12/02/2025	CC:
<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 2320 580 0 000	Hotel for SUI - Sioux Fall MS / BM		1,529.58		N
Vendor ID: SHECOR	SHEDEED, CORY	PO Number:	Invoice Number: WREST 1/9	Amount:	400.00
Description: EMC DUAL WRESTLING 1/9/26		Invoice Date: 12/29/2025	Due Date: 12/29/2025	Status: P	1099 Amount: 400.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46131	Check Date: 12/29/2025	CC:
<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>
05 2900 890 2 001 0116	EMC DUAL WRESTLING 1/9/26		400.00	400.00	N
Vendor ID: SHESCOT	SHEPARD, SCOTT	PO Number:	Invoice Number: Reimb11.21.25	Amount:	2,279.98
Description: Reimb for Staff Meetings 8/7 -11		Invoice Date: 11/21/2025	Due Date: 11/21/2025	Status: P	1099 Amount: 0.00

Invoice Listing - Detail

Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73940	Check Date: 12/02/2025	CC:
<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 1100 610 2 001 1111	Reimb for Staff Meetings 8/7 -11		2,279.98		N
Vendor ID: SHOOTA SHOOT-A-WAY INC			PO Number:	Invoice Number: 38481KR	Amount: 2,438.00
Description: SHOOT A WAY MACHINE			Invoice Date: 12/02/2025	Due Date: 12/18/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46098	Check Date: 12/18/2025	CC:
<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>
05 2900 890 2 001 0207	SHOOT A WAY MACHINE		1,219.00		N
05 2900 890 2 001 0208	SHOOT A WAY MACHINE		1,219.00		N
Vendor ID: SHOOTA SHOOT-A-WAY INC			PO Number:	Invoice Number: 38481KR-1	Amount: 5,800.00
Description: SHOOT A WAY MACHINE GRANT			Invoice Date: 12/02/2025	Due Date: 12/18/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 300159	Check Date: 12/18/2025	CC:
<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>
05 2900 890 2 001 0180	SHOOT A WAY MACHINE GRANT		5,800.00		N
Vendor ID: SMALENGI SMALL ENGINE SPECIALISTS INC			PO Number:	Invoice Number: 454709	Amount: 15.00
Description: Chain Sharpening			Invoice Date: 10/30/2025	Due Date: 12/02/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73941	Check Date: 12/02/2025	CC:
<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 2610 610 0 000	Chain Sharpening		15.00		N
Vendor ID: SODEXHO SODEXO INC & AFFILIATES - Lincoln Office (NWU)			PO Number:	Invoice Number: 270487	Amount: 336.60
Description: lunches/39			Invoice Date: 12/13/2025	Due Date: 12/17/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73942	Check Date: 12/02/2025	CC:
<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 1100 610 2 001 1111	GENERAL SUPPLIES		336.60		N
Vendor ID: SODEXOINCA Sodexo, Inc and Affiliates - Kearney (UNK)			PO Number:	Invoice Number: 156002	Amount: 402.72
Description: lunches/48			Invoice Date: 12/24/2025	Due Date: 12/17/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73943	Check Date: 12/02/2025	CC:
<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 1100 610 2 001 1111	GENERAL SUPPLIES		402.72		N
Vendor ID: SOFTWA2 SOFTWARE UNLIMITED INC			PO Number:	Invoice Number: 20251117-01	Amount: 1,200.00
Description: Three Day SAS Onsite Training/MS&BM			Invoice Date: 12/14/2025	Due Date: 12/17/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73944	Check Date: 12/02/2025	CC:
<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 2320 320 0 000	PROFESSIONAL EDUCATIONAL SERVICES		1,200.00		N
Vendor ID: SOLIANT Soliant			PO Number:	Invoice Number: 21300204	Amount: 3,932.42
Description: SLP - L.B.			Invoice Date: 12/26/2025	Due Date: 12/23/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73969	Check Date: 12/02/2025	CC:

Invoice Listing - Detail

<u>Chart of Account Number</u> 01 2151 320 1 003	<u>Detail Description</u> SLP - L.B.	<u>Cost Center ID</u>	<u>Detail Amount</u> 3,932.42	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u> N	<u>In Full</u>
Vendor ID: SOLIANT	Soliant	PO Number:	Invoice Number: 21305084		Amount:	2,940.96
Description: SLP L.B.		Invoice Date: 12/02/2025	Due Date: 12/23/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73969	Check Date: 12/02/2025	CC:	
<u>Chart of Account Number</u> 01 2151 320 1 003	<u>Detail Description</u> SLP L.B.	<u>Cost Center ID</u>	<u>Detail Amount</u> 2,940.96	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u> N	<u>In Full</u>
Vendor ID: SOLIANT	Soliant	PO Number:	Invoice Number: 21311347		Amount:	3,074.64
Description: SLP L.B.		Invoice Date: 12/09/2025	Due Date: 12/24/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73969	Check Date: 12/02/2025	CC:	
<u>Chart of Account Number</u> 01 2151 320 1 003	<u>Detail Description</u> SLP L.B.	<u>Cost Center ID</u>	<u>Detail Amount</u> 3,074.64	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u> N	<u>In Full</u>
Vendor ID: SOLIANT	Soliant	PO Number:	Invoice Number: 21317461		Amount:	3,564.80
Description: SLP L.B.		Invoice Date: 12/16/2025	Due Date: 12/23/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73969	Check Date: 12/02/2025	CC:	
<u>Chart of Account Number</u> 01 2151 320 1 003	<u>Detail Description</u> SLP L.B.	<u>Cost Center ID</u>	<u>Detail Amount</u> 3,564.80	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u> N	<u>In Full</u>
Vendor ID: SPAKRI	SPATH, KRIS	PO Number:	Invoice Number: Reimb11/24/25		Amount:	54.06
Description: Classroom Lab Supplies		Invoice Date: 11/20/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73945	Check Date: 12/02/2025	CC:	
<u>Chart of Account Number</u> 01 1100 610 2 001 1172	<u>Detail Description</u> Classroom Lab Supplies	<u>Cost Center ID</u>	<u>Detail Amount</u> 54.06	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u> N	<u>In Full</u>
Vendor ID: SPORTSFAC	SPORTS FACILITY MAINTENANCE LLC	PO Number:	Invoice Number: 1629		Amount:	425.00
Description: BLEACHER REPAIR		Invoice Date: 11/25/2025	Due Date: 12/29/2025	Status: P	1099 Amount: 425.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46132	Check Date: 12/29/2025	CC:	
<u>Chart of Account Number</u> 05 2900 890 2 001 0152	<u>Detail Description</u> BLEACHER REPAIR	<u>Cost Center ID</u>	<u>Detail Amount</u> 425.00	<u>1099 Detail Amount</u> 425.00	<u>Asset/Asset Tag</u> N	<u>In Full</u>
Vendor ID: STANOA	STANTON, NOAH	PO Number:	Invoice Number: EVENT WORKER PAY 10/		Amount:	382.50
Description: EVENT WORKER PAY 10/19 - 11/22		Invoice Date: 12/02/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46013	Check Date: 12/03/2025	CC:	
<u>Chart of Account Number</u> 05 2900 890 2 001 0114	<u>Detail Description</u> EVENT WORKER PAY 10/19 - 11/22	<u>Cost Center ID</u>	<u>Detail Amount</u> 382.50	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u> N	<u>In Full</u>
Vendor ID: STAJOS	STAUSS, JOSLYNNE	PO Number:	Invoice Number: 12/08/20256		Amount:	18.75
Description: SUPPLIES FOR STAFF POTLUCK		Invoice Date: 12/09/2025	Due Date: 12/09/2025	Status: V	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:	
<u>Chart of Account Number</u> 05 2900 890 1 004 0856	<u>Detail Description</u> SUPPLIES FOR STAFF POTLUCK	<u>Cost Center ID</u>	<u>Detail Amount</u> 18.75	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u> N	<u>In Full</u>

Invoice Listing - Detail

Vendor ID: STAJOS	STAUSS, JOSLYNNE	PO Number:	Invoice Number: 12/11/2025	Amount:	18.75
Description: SUPPLIES FOR STAFF POTLUCK		Invoice Date: 12/11/2025	Due Date: 12/11/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 45119	Check Date: 12/17/2025	CC:
<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>
05 2900 890 1 004 0856	SUPPLIES FOR STAFF POTLUCK		18.75		N
Vendor ID: STAJOS	STAUSS, JOSLYNNE	PO Number:	Invoice Number: V*12/08/20256	Amount:	(18.75)
Description: SUPPLIES FOR STAFF POTLUCK		Invoice Date: 12/14/2025	Due Date: 12/09/2025	Status: V	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:
<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>
05 2900 890 1 004 0856	SUPPLIES FOR STAFF POTLUCK		(18.75)		N
Vendor ID: STECAS	STEGEMAN, CASEY	PO Number:	Invoice Number: GBB 12/29	Amount:	65.00
Description: 9TH GBB 12/29		Invoice Date: 12/18/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 2	Check Type: Check	Checking Account ID: 2	Check Number: 46100	Check Date: 12/18/2025	CC:
<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>
05 2900 890 2 001 0116	9TH GBB 12/29		65.00		N
Vendor ID: STECAS	STEGEMAN, CASEY	PO Number:	Invoice Number: GBB 12/31	Amount:	70.00
Description: RESERVE GBB 12/31		Invoice Date: 12/18/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46099	Check Date: 12/18/2025	CC:
<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>
05 2900 890 2 001 0116	RESERVE GBB 12/31		70.00		N
Vendor ID: SUNAUTO	SUN AUTO TIRE & SERVICE INC	PO Number:	Invoice Number: 513413364	Amount:	760.24
Description: Tires Sub #1		Invoice Date: 11/07/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74023	Check Date: 01/06/2026	CC:
<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 2710 610 0 000	Tires Sub #1		760.24		N
Vendor ID: SUPREM	SUPREME SCHOOL SUPPLY CO.	PO Number:	Invoice Number: 197135	Amount:	98.18
Description: NCR Make Up Admit		Invoice Date: 12/03/2025	Due Date: 12/17/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73946	Check Date: 12/02/2025	CC:
<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 1100 610 2 001 1111	GENERAL SUPPLIES		85.00		N
01 1100 610 2 001 1111	Freight		13.18		N
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661581128	Amount:	24.39
Description: Food HS		Invoice Date: 10/02/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12006	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food HS		24.39		N
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661604502	Amount:	943.45
Description: Food H.S.		Invoice Date: 10/16/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00

Invoice Listing - Detail

Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11997	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food H.S.		943.45		N
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661604503	Amount:	231.74
Description: Food H.S.		Invoice Date: 10/16/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11997	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food H.S.		231.74		N
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661616369	Amount:	945.38
Description: Food H.S.		Invoice Date: 10/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11997	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food H.S.		945.38		N
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661616370	Amount:	55.40
Description: Food H.S.		Invoice Date: 10/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11997	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food H.S.		55.40		N
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661616371	Amount:	169.34
Description: Food Hamlow		Invoice Date: 10/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11997	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food Hamlow		169.34		N
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661622090	Amount:	891.95
Description: Food H.S.		Invoice Date: 10/27/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11997	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food H.S.		891.95		N
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661622091	Amount:	247.79
Description: Food Eagle		Invoice Date: 10/27/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12006	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food Eagle		247.79		N
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661627661	Amount:	670.99
Description: Food H.S.		Invoice Date: 10/30/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11997	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food H.S.		670.99		N

Invoice Listing - Detail

Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661627662	Amount:	258.50
Description: Food WIS		Invoice Date: 10/30/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11997	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food WIS		258.50		N
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661636406	Amount:	1,167.02
Description: Food H.S		Invoice Date: 11/03/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11997	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food H.S		1,167.02		N
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661636407	Amount:	83.92
Description: Food H.S.		Invoice Date: 11/03/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11997	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food H.S.		83.92		N
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661642499	Amount:	2,509.80
Description: Food H.S.		Invoice Date: 11/06/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11997	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food H.S.		2,509.80		N
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661642500	Amount:	130.41
Description: food HS		Invoice Date: 11/06/2025	Due Date: 12/20/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11997	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	food HS		130.41		N
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661642501	Amount:	87.47
Description: Food H.S.		Invoice Date: 11/06/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11997	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food H.S.		87.47		N
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661642502	Amount:	45.74
Description: Food H.S.		Invoice Date: 11/06/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11997	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food H.S.		45.74		N
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661642503	Amount:	1,460.80
Description: Food H.S.		Invoice Date: 11/06/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11997	Check Date: 12/02/2025	CC:

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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>
06 3100 630 0 000	Food H.S.		1,460.80		N	
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661642504		Amount:	871.78
Description: Food H.S.		Invoice Date: 11/06/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11997	Check Date: 12/02/2025	CC:	
<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>
06 3100 630 0 000	Food H.S.		871.78		N	
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661642505		Amount:	185.30
Description: Food H.S.		Invoice Date: 11/06/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11997	Check Date: 12/02/2025	CC:	
<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>
06 3100 630 0 000	Food H.S.		185.30		N	
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661642692		Amount:	93.03
Description: Food H.S.		Invoice Date: 11/07/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11997	Check Date: 12/02/2025	CC:	
<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>
06 3100 630 0 000	Food H.S.		93.03		N	
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661648042		Amount:	988.98
Description: Food and Paper and Disposable Eagle		Invoice Date: 11/10/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12006	Check Date: 12/12/2025	CC:	
<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>
06 3100 630 0 000	Food Eagle		959.63		N	
06 3100 610 0 000	Paper/Disposable Eagle		29.35		N	
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661648043		Amount:	302.49
Description: Food Eagle		Invoice Date: 11/10/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12006	Check Date: 12/12/2025	CC:	
<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>
06 3100 630 0 000	Food Eagle		302.49		N	
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661648770		Amount:	274.01
Description: Food H.S.		Invoice Date: 11/10/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11997	Check Date: 12/02/2025	CC:	
<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>
06 3100 630 0 000	Food H.S.		274.01		N	
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661654104		Amount:	787.87
Description: Food H.S.		Invoice Date: 11/13/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11997	Check Date: 12/02/2025	CC:	
<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>
06 3100 630 0 000	Food H.S.		787.87		N	

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Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661654105	Amount:	466.90
Description: Food H.S.		Invoice Date: 11/23/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11997	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food H.S.		466.90		<u>In Full</u>
				N	
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661654106	Amount:	38.19
Description: Food HS		Invoice Date: 11/13/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12006	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food HS		38.19		<u>In Full</u>
				N	
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661654107	Amount:	1,757.00
Description: Food H.S.		Invoice Date: 11/13/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11997	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food H.S.		1,757.00		<u>In Full</u>
				N	
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661654108	Amount:	546.41
Description: Food H.S.		Invoice Date: 11/13/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11997	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food H.S.		546.41		<u>In Full</u>
				N	
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661654109	Amount:	1,508.72
Description: Food H.S.		Invoice Date: 11/13/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11997	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food H.S.		1,508.72		<u>In Full</u>
				N	
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661654110	Amount:	192.96
Description: Food H.S.		Invoice Date: 11/13/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11997	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food H.S.		192.96		<u>In Full</u>
				N	
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661654111	Amount:	928.93
Description: Food and Paper/Disposable WIS		Invoice Date: 11/13/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12006	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food WIS		764.23		<u>In Full</u>
06 3100 610 0 000	Paper/Disposable WIS		164.70		<u>In Full</u>
				N	
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661654112	Amount:	359.29
Description: Food WIS		Invoice Date: 11/13/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00

Invoice Listing - Detail

Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12006	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food WIS		359.29		N
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661659744	Amount:	1,589.30
Description: Food Eagle		Invoice Date: 11/17/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12006	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food Eagle		1,589.30		N
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661659745	Amount:	67.02
Description: Food Eagle		Invoice Date: 11/17/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12006	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food Eagle		67.02		N
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661660476	Amount:	289.61
Description: Food and Paper/Disposable HE		Invoice Date: 11/17/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12006	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food HS		225.75		N
06 3100 610 0 000	Paper/Disposable HS		63.86		N
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661660477	Amount:	129.33
Description: Food HS		Invoice Date: 11/17/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12006	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food HS		129.33		N
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661660851	Amount:	317.79
Description: Food H.S.		Invoice Date: 11/18/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11997	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food H.S.		317.79		N
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661660859	Amount:	47.04
Description: Food H.S.		Invoice Date: 11/18/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11997	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food H.S.		47.04		N
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661665707	Amount:	1,870.85
Description: Food and Paper/Disposable HS		Invoice Date: 11/20/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12006	Check Date: 12/12/2025	CC:
<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>

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06 3100 630 0 000	Food HS	1,806.99	N
06 3100 610 0 000	Paper and Disposable HS	63.86	N

Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661665708	Amount: 62.96
Description: Food HS		Invoice Date: 11/20/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12006	Check Date: 12/12/2025 CC:
<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>
06 3100 630 0 000	Food HS		62.96	N

Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661665709	Amount: 199.16
Description: Food HS		Invoice Date: 11/20/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12006	Check Date: 12/12/2025 CC:
<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>
06 3100 630 0 000	Food HS		199.16	N

Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661665710	Amount: 2,910.84
Description: Food and Paper/Disposable MS		Invoice Date: 11/20/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12006	Check Date: 12/12/2025 CC:
<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>
06 3100 630 0 000	Food MS		2,848.12	N
06 3100 610 0 000	Paper/Disposable MS		62.72	N

Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661665711	Amount: 1,191.59
Description: Food and Paper/Disposable WIS		Invoice Date: 11/20/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12006	Check Date: 12/12/2025 CC:
<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>
06 3100 630 0 000	Food WIS		1,164.84	N
06 3100 610 0 000	Paper/Disposable WIS		26.75	N

Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661665712	Amount: 239.73
Description: Food WIS		Invoice Date: 11/20/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12006	Check Date: 12/12/2025 CC:
<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>
06 3100 630 0 000	Food WIS		239.73	N

Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661672327	Amount: 383.75
Description: Food HS		Invoice Date: 11/24/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12006	Check Date: 12/12/2025 CC:
<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>
06 3100 630 0 000	Food HS		383.75	N

Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661677436	Amount: 1,200.67
Description: Food and Paper/Disposable HS		Invoice Date: 11/28/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12006	Check Date: 12/12/2025 CC:
<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>

Invoice Listing - Detail

06 3100 630 0 000	Food HS	1,093.46	N
06 3100 610 0 000	Paper/Disposable HS	107.21	N

Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661685798	Amount:	1,819.08
Description: Food and Paper/Disposable MS		Invoice Date: 12/02/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12006	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food MS		1,774.86		N
06 3100 610 0 000	Paper/Disposable MS		44.22		N

Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661689807	Amount:	951.94
Description: Food MS		Invoice Date: 12/04/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12006	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food MS		951.94		N

Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661689808	Amount:	45.17
Description: Food MS		Invoice Date: 12/04/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12006	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food MS		45.17		N

Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661695383	Amount:	1,205.99
Description: Food and Paper/Disposable Eagle		Invoice Date: 12/08/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12006	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food Eagle		1,094.82		N
06 3100 610 0 000	Paper/Disposable Eagle		111.17		N

Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661695384	Amount:	228.66
Description: Food Eagle		Invoice Date: 12/08/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12006	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food Eagle		228.66		N

Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661696122	Amount:	1,052.61
Description: Food/Paper & Disposable HS		Invoice Date: 12/08/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12006	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food HS		891.61	0.00	N
06 3100 610 0 000	Paper and Disposable HS		161.00	0.00	N

Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661696123	Amount:	371.33
Description: Food HS		Invoice Date: 12/08/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12006	Check Date: 12/12/2025	CC:

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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>
06 3100 630 0 000	Food HS		371.33		N	
Vendor ID: SYSCO	SYSCO LINCOLN	PO Number:	Invoice Number: 661696124		Amount:	469.01
Description: Food HS		Invoice Date: 12/08/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12006	Check Date: 12/12/2025	CC:	
<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>
06 3100 630 0 000	Food HS		469.01		N	
Vendor ID: TOHAAS	T. O. HAAS TIRE	PO Number:	Invoice Number: 513413364		Amount:	760.24
Description: Maintenance Suburban #1		Invoice Date: 11/04/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73947	Check Date: 12/02/2025	CC:	
<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 2710 610 0 000	Maintenance Suburban #1		760.24		N	
Vendor ID: TJCABLE	TJ CABLE & UNDERGROUND SVS, LLC	PO Number:	Invoice Number: 7663		Amount:	150.00
Description: November Locates		Invoice Date: 11/30/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 150.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74024	Check Date: 01/06/2026	CC:	
<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 2230 340 0 000	November Locates		150.00	150.00	N	
Vendor ID: TJAGAY	TJADEN, GAYLE	PO Number:	Invoice Number: GBB 12/4		Amount:	75.00
Description: GIRLS JV BB 12/4		Invoice Date: 12/02/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 75.00	
Sequence: 2	Check Type: Check	Checking Account ID: 2	Check Number: 46015	Check Date: 12/03/2025	CC:	
<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>
05 2900 890 2 001 0116	GIRLS JV BB 12/4		75.00	75.00	N	
Vendor ID: TJAGAY	TJADEN, GAYLE	PO Number:	Invoice Number: GBB 12/6		Amount:	75.00
Description: GIRLS JV BB 12/6		Invoice Date: 12/02/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 75.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46014	Check Date: 12/03/2025	CC:	
<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>
05 2900 890 2 001 0116	GIRLS JV BB 12/6		75.00	75.00	N	
Vendor ID: TREKYL	TREWHITT, KYLE	PO Number:	Invoice Number: BB 12/4		Amount:	90.00
Description: 7TH GRADE BBB 12/4		Invoice Date: 12/05/2025	Due Date: 12/05/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46033	Check Date: 12/05/2025	CC:	
<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>
05 2900 890 2 001 0116	7TH GRADE BBB 12/4		90.00		N	
Vendor ID: TYSOUT	TY'S OUTDOOR POWER & SERVICE	PO Number:	Invoice Number: 371316		Amount:	10,225.61
Description: Snow Plow and Installation		Invoice Date: 12/03/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 10,225.61	
Sequence: 1	Check Type: Check	Checking Account ID: 8	Check Number: 2989	Check Date: 12/02/2025	CC:	
<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>
08 2660 739 0 000	Snow Plow and Installation		10,225.61	10,225.61	N	

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Vendor ID: TYSOUT	TY'S OUTDOOR POWER & SERVICE	PO Number:	Invoice Number: 372079	Amount:	166.49
Description: Grounds John Deere Gator Parts/Repair		Invoice Date: 12/10/2025	Due Date: 12/10/2025	Status: P	1099 Amount: 166.49
Sequence: 1	Check Type: Check	Checking Account ID: 8	Check Number: 2989	Check Date: 12/02/2025	CC:
<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>
08 2660 739 0 000	Grounds John Deere Gator Parts/Repair		166.49	166.49	N
Vendor ID: TYSONBO	TYSON BODLAK	PO Number:	Invoice Number: EMC BB	Amount:	195.00
Description: BBB, GBB EMC CONF GAMES 12/19		Invoice Date: 12/18/2025	Due Date: 12/18/2025	Status: P	1099 Amount: 195.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46101	Check Date: 12/18/2025	CC:
<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>
05 2900 890 2 001 0116	BBB, GBB EMC CONF GAMES 12/19		195.00	195.00	N
Vendor ID: UNK1	UNIVERSITY OF NEBRASKA - KEARNEY	PO Number:	Invoice Number: 4060	Amount:	175.00
Description: Nebraska(In State) School System Registr		Invoice Date: 11/20/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73948	Check Date: 12/02/2025	CC:
<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 2570 330 0 000	Nebraska(In State) School System Registr		175.00		N
Vendor ID: UNMC	UNMC	PO Number:	Invoice Number: 4140000218	Amount:	424.42
Description: BY October 2025 School Services		Invoice Date: 12/20/2025	Due Date: 12/20/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73970	Check Date: 12/02/2025	CC:
<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 1200 334 2 000 1215	BY Oct. 2025 School Services - Mileage		61.60		N
01 1200 320 2 000 1215	BY October 2025 School Services		362.82		N
Vendor ID: USFOODS	US FOODS INC	PO Number:	Invoice Number: 4908707	Amount:	1,669.18
Description: Food Hamlow		Invoice Date: 11/05/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11998	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food Hamlow		1,669.18		N
Vendor ID: USFOODS	US FOODS INC	PO Number:	Invoice Number: 5242824	Amount:	1,279.39
Description: Food Eagle		Invoice Date: 11/17/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12004	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food Eagle		1,279.39		N
Vendor ID: USFOODS	US FOODS INC	PO Number:	Invoice Number: 5312424	Amount:	1,423.30
Description: Food Hamlow		Invoice Date: 11/19/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12004	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food Hamlow		1,423.30		N
Vendor ID: USFOODS	US FOODS INC	PO Number:	Invoice Number: 5312425	Amount:	360.75
Description: Food Hamlow		Invoice Date: 11/19/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00

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Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12004	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food Hamlow		360.75		N
Vendor ID: USFOODS	US FOODS INC	PO Number:	Invoice Number: 5506585		Amount: 1,103.64
Description: Food MS		Invoice Date: 11/26/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12004	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food MS		1,103.64		N
Vendor ID: USFOODS	US FOODS INC	PO Number:	Invoice Number: 5662330		Amount: 1,653.25
Description: Food HS		Invoice Date: 12/03/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12004	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food HS		1,653.25		N
Vendor ID: USFOODS	US FOODS INC	PO Number:	Invoice Number: 5662331		Amount: 1,544.66
Description: Food Hamlow		Invoice Date: 12/03/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12004	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food Hamlow		1,544.66		N
Vendor ID: USFOODS	US FOODS INC	PO Number:	Invoice Number: 5662332		Amount: 397.36
Description: Food Hamlow		Invoice Date: 12/03/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12004	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food Hamlow		397.36		N
Vendor ID: USFOODS	US FOODS INC	PO Number:	Invoice Number: 5662333		Amount: 429.08
Description: Food MS		Invoice Date: 12/03/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 12004	Check Date: 12/12/2025	CC:
<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>
06 3100 630 0 000	Food MS		429.08		N
Vendor ID: USFOODS	US FOODS INC	PO Number:	Invoice Number: 94393113		Amount: 295.74
Description: Food Hamlow		Invoice Date: 11/05/2025	Due Date: 11/23/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 6	Check Number: 11998	Check Date: 12/02/2025	CC:
<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>
06 3100 630 0 000	Food Hamlow		295.74		N
Vendor ID: USI	USI	PO Number:	Invoice Number: 0400524101013		Amount: 54.64
Description: DTC Board G- Series		Invoice Date: 12/22/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73949	Check Date: 12/02/2025	CC:
<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 2410 610 1 003	GENERAL SUPPLIES		41.35		N

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01 2410 610 1 003 shipping and handling 13.29 N

Vendor ID: VALENT2 VALENTINO'S PO Number: Invoice Number: 000207566 Amount: 583.75
 Description: Parent Teacher Conference/MS Invoice Date: 12/06/2025 Due Date: 12/17/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 73950 Check Date: 12/02/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 2410 320 2 001 PROFESSIONAL EDUCATIONAL SERVICES 583.75 N

Vendor ID: VALENT2 VALENTINO'S PO Number: Invoice Number: IN000208088 Amount: 102.00
 Description: PIZZA DELIVERY 12/19 Invoice Date: 12/30/2025 Due Date: 12/30/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 2 Check Number: 46143 Check Date: 12/30/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 2 001 0400 PIZZA DELIVERY 12/19 102.00 N

Vendor ID: VALENT2 VALENTINO'S PO Number: Invoice Number: IN000207923 Amount: 179.49
 Description: TEAM BONDING Invoice Date: 12/03/2025 Due Date: 12/18/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 2 Check Number: 46102 Check Date: 12/18/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 2 001 0208 TEAM BONDING 179.49 N

Vendor ID: VALENT2 VALENTINO'S PO Number: Invoice Number: IN000207924 Amount: 194.00
 Description: PIZZA DELIVERY 12/4 Invoice Date: 12/04/2025 Due Date: 12/18/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 2 Check Number: 46102 Check Date: 12/18/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 2 001 0400 PIZZA DELIVERY 12/4 194.00 N

Vendor ID: VALENT2 VALENTINO'S PO Number: Invoice Number: IN000207925 Amount: 194.00
 Description: PIZZA DELIVERY 12/6 Invoice Date: 12/06/2025 Due Date: 12/18/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 2 Check Number: 46102 Check Date: 12/18/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 2 001 0400 PIZZA DELIVERY 12/6 194.00 N

Vendor ID: VALENT2 VALENTINO'S PO Number: Invoice Number: IN000208200 Amount: 83.60
 Description: PIZZA DELIVERY 12/22/25 Invoice Date: 12/22/2025 Due Date: 12/30/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 2 Check Number: 46143 Check Date: 12/30/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 05 2900 890 2 001 0400 PIZZA DELIVERY 12/22/25 83.60 N

Vendor ID: VANJIL VANDUSEN, JILL PO Number: Invoice Number: Reimb.12/4/25-1 Amount: 49.50
 Description: SPED Snacks/Rewards Invoice Date: 12/04/2025 Due Date: 01/06/2026 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 74025 Check Date: 01/06/2026 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 1200 610 2 001 1222 SPED Snacks/Rewards 49.50 N

Vendor ID: VANEST VANOVERBEKE, ESTHER PO Number: Invoice Number: ED RISING Amount: 30.35

Invoice Listing - Detail

Description: SUPPLIES FOR POSTER BOARDS		Invoice Date: 12/05/2025	Due Date: 12/05/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46034	Check Date: 12/05/2025	CC:
<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>
05 2900 890 2 001 0314	SUPPLIES FOR POSTER BOARDS		30.35		N
Vendor ID: VAPEEDUCAT	Vape Educate	PO Number:	Invoice Number: 2687	Amount:	150.00
Description: Set up Fee		Invoice Date: 11/07/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73951	Check Date: 12/02/2025	CC:
<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 1100 610 2 001 1111	Set up Fee		150.00		N
Vendor ID: VENTRIS	VENTRIS LEARNING LLC	PO Number:	Invoice Number: 20259735	Amount:	230.00
Description: UFLI Foundations Teachers Manual-Eagle		Invoice Date: 11/07/2025	Due Date: 12/02/2025	Status: V	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73952	Check Date: 12/02/2025	CC:
<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 1200 640 1 003 1221	UFLI Foundations Teachers Manual-Eagle		210.00		N
01 1200 640 1 003 1221	Shipping		20.00		N
Vendor ID: VENTRIS	VENTRIS LEARNING LLC	PO Number:	Invoice Number: 202597351	Amount:	230.00
Description: UFLI Foundation Teachers Manual/shipping		Invoice Date: 11/07/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74026	Check Date: 01/06/2026	CC:
<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 1200 640 1 003 1221	UFLI Foundation Teachers Manual/shipping		230.00		N
Vendor ID: VENTRIS	VENTRIS LEARNING LLC	PO Number:	Invoice Number: E00553	Amount:	210.00
Description: UFLI Foundation Teachers Manual		Invoice Date: 12/22/2025	Due Date: 12/18/2025	Status: V	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73952	Check Date: 12/02/2025	CC:
<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 1200 640 1 003 1221	BOOKS AND PERIODICALS		210.00		N
Vendor ID: VENTRIS	VENTRIS LEARNING LLC	PO Number:	Invoice Number: V*20259735	Amount:	(230.00)
Description: UFLI Foundations Teachers Manual-Eagle		Invoice Date: 12/02/2025	Due Date: 12/02/2025	Status: V	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73952	Check Date: 12/02/2025	CC:
<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 1200 640 1 003 1221	UFLI Foundations Teachers Manual-Eagle		(210.00)		N
01 1200 640 1 003 1221	Shipping		(20.00)		N
Vendor ID: VENTRIS	VENTRIS LEARNING LLC	PO Number:	Invoice Number: V*E00553	Amount:	(210.00)
Description: UFLI Foundation Teachers Manual		Invoice Date: 12/02/2025	Due Date: 12/18/2025	Status: V	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73952	Check Date: 12/02/2025	CC:
<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 1200 640 1 003 1221	BOOKS AND PERIODICALS		(210.00)		N
Vendor ID: VERNSCH	VERN SCHULTE	PO Number:	Invoice Number: BB 1/5	Amount:	65.00
Description: 9TH BB 1/5/26		Invoice Date: 12/30/2025	Due Date: 12/30/2025	Status: P	1099 Amount: 65.00

Invoice Listing - Detail

Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46144	Check Date: 12/30/2025	CC:
<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>
05 2900 890 2 001 0116	9TH BB 1/5/26		65.00	65.00	N
Vendor ID: VODMOL	VODICKA, MOLLY	PO Number:	Invoice Number: Reimb.11/24/25	Amount:	114.13
Description: Classroom supplies(Sped)		Invoice Date: 11/20/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73953	Check Date: 12/02/2025	CC:
<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 1200 610 2 002 1222	Classroom supplies(Sped)		114.13		N
Vendor ID: VODMOL	VODICKA, MOLLY	PO Number:	Invoice Number: Reimb.12/3/25	Amount:	114.13
Description: Suppies MS		Invoice Date: 11/20/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74027	Check Date: 01/06/2026	CC:
<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 2220 610 2 002	Suppies MS		114.13		N
Vendor ID: VOICEN	VOICE NEWS	PO Number:	Invoice Number: 38008499	Amount:	13.98
Description: Meeting/Advertising		Invoice Date: 12/23/2025	Due Date: 12/14/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73954	Check Date: 12/02/2025	CC:
<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 2310 540 0 000	ADVERTISING		13.98		N
Vendor ID: VOICEN	VOICE NEWS	PO Number:	Invoice Number: 38009098	Amount:	14.48
Description: Advertising		Invoice Date: 11/20/2025	Due Date: 12/02/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73954	Check Date: 12/02/2025	CC:
<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 2310 540 0 000	Advertising		14.48		N
Vendor ID: VOICEN	VOICE NEWS	PO Number:	Invoice Number: 38009564	Amount:	125.00
Description: FOOTBALL CHAMPIONSHIP AD		Invoice Date: 12/04/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 300158	Check Date: 12/12/2025	CC:
<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>
05 2900 890 2 001 0180	FOOTBALL CHAMPIONSHIP AD		125.00		N
Vendor ID: WAHOOW	WAHOO-WAVERLY-ASHLAND NEWSPAPERS	PO Number:	Invoice Number: 1005331	Amount:	153.66
Description: Advertising		Invoice Date: 12/02/2025	Due Date: 12/17/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73955	Check Date: 12/02/2025	CC:
<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 2310 540 0 000	ADVERTISING		153.66		N
Vendor ID: WALJER	WALL, JERRY	PO Number:	Invoice Number: BB 1/5	Amount:	65.00
Description: 9TH BB 1/5/26		Invoice Date: 12/30/2025	Due Date: 12/30/2025	Status: P	1099 Amount: 65.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46145	Check Date: 12/30/2025	CC:
<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>
05 2900 890 2 001 0116	9TH BB 1/5/26		65.00	65.00	N

Invoice Listing - Detail

Vendor ID: WALJER	WALL, JERRY	PO Number:	Invoice Number: GBB 12/6	Amount: 75.00
Description: GIRLS JV BB 12/6		Invoice Date: 12/02/2025	Due Date: 12/03/2025	Status: P 1099 Amount: 75.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46016	Check Date: 12/03/2025
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
05 2900 890 2 001 0116	GIRLS JV BB 12/6		75.00	75.00 N

Vendor ID: WALJOR	WALLMAN, JORDAN	PO Number:	Invoice Number: BB 1/5	Amount: 65.00
Description: 9TH BB 1/5/26		Invoice Date: 12/30/2025	Due Date: 12/30/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46146	Check Date: 12/30/2025
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
05 2900 890 2 001 0116	9TH BB 1/5/26		65.00	N

Vendor ID: WALDAV	WALTON, DAVID	PO Number:	Invoice Number: WREST 1/6	Amount: 250.00
Description: WRESTLING OFFICIAL 1/6/26		Invoice Date: 12/29/2025	Due Date: 12/29/2025	Status: P 1099 Amount: 250.00
Sequence: 2	Check Type: Check	Checking Account ID: 2	Check Number: 46134	Check Date: 12/29/2025
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
05 2900 890 2 001 0116	WRESTLING OFFICIAL 1/6/26		250.00	250.00 N

Vendor ID: WALDAV	WALTON, DAVID	PO Number:	Invoice Number: WREST 1/9	Amount: 400.00
Description: EMC DUAL WRESTLING 1/9/26		Invoice Date: 12/29/2025	Due Date: 12/29/2025	Status: P 1099 Amount: 400.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46133	Check Date: 12/29/2025
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
05 2900 890 2 001 0116	EMC DUAL WRESTLING 1/9/26		400.00	400.00 N

Vendor ID: WATERLINK	WATERLINK INC	PO Number:	Invoice Number: 40549	Amount: 324.83
Description: Monthly Water Treatment Service		Invoice Date: 12/01/2025	Due Date: 12/14/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73956	Check Date: 12/02/2025
<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 2620 431 1 003	Monthly Water Treatment Service		81.20	N
01 2620 431 1 004	Monthly Water Treatment Service		81.21	N
01 2620 431 2 002	Monthly Water Treatment Service		81.21	N
01 2620 431 2 001	Monthly Water Treatment Service		81.21	N

Vendor ID: WATERLINK	WATERLINK INC	PO Number:	Invoice Number: 40745	Amount: 324.83
Description: Monthly Water Treatment Service		Invoice Date: 12/01/2025	Due Date: 01/06/2026	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74028	Check Date: 01/06/2026
<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 2620 431 1 003	Monthly Water Treatment Service		81.20	N
01 2620 431 1 004	Monthly Water Treatment Service		81.21	N
01 2620 431 2 002	Monthly Water Treatment Service		81.21	N
01 2620 431 2 001	Monthly Water Treatment Service		81.21	N

Vendor ID: WESAUR	WESTRING, AURORA	PO Number:	Invoice Number: 11/23-12/20	Amount: 204.76
Description: EVENT WORKER PAY 11/23/25 - 12-20-25		Invoice Date: 12/30/2025	Due Date: 12/30/2025	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46147	Check Date: 12/30/2025

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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>
05 2900 890 2 001 0114	EVENT WORKER PAY 11/23/25 - 12-20-25		204.76		N	
Vendor ID: WESAUR	WESTRING, AURORA	PO Number:		Invoice Number: EVENT WORKER PAY 10/	Amount:	382.50
Description: EVENT WORKER PAY 10/19 - 11/22		Invoice Date: 12/02/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46017	Check Date: 12/03/2025	CC:	
<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>
05 2900 890 2 001 0114	EVENT WORKER PAY 10/19 - 11/22		382.50		N	
Vendor ID: WHIWEY	WHITE, WEYLON	PO Number:		Invoice Number: WREST 1/9	Amount:	400.00
Description: EMC DUAL WRESTLING 1/9/26		Invoice Date: 12/29/2025	Due Date: 12/29/2025	Status: P	1099 Amount: 400.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46135	Check Date: 12/29/2025	CC:	
<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>
05 2900 890 2 001 0116	EMC DUAL WRESTLING 1/9/26		400.00	400.00	N	
Vendor ID: WICTOM	WICKSTROM, TOM	PO Number:		Invoice Number: BBB 12/4	Amount:	75.00
Description: BOYS JV BB 12/4		Invoice Date: 12/02/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46018	Check Date: 12/03/2025	CC:	
<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>
05 2900 890 2 001 0116	BOYS JV BB 12/4		75.00		N	
Vendor ID: WINDST3	WINDSTAR LINES INC	PO Number:		Invoice Number: V*DEPOSIT	Amount:	(3,229.70)
Description: DEPOSIT FOR WORLDS OF FUN TRIP		Invoice Date: 12/11/2025	Due Date: 12/03/2025	Status: V	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	CC:	
<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>
05 2900 890 2 002 0622	DEPOSIT FOR WORLDS OF FUN TRIP		(3,229.70)		N	
Vendor ID: WINDST	WINDSTREAM	PO Number:		Invoice Number: 091879297-12	Amount:	239.36
Description: Service 11/25/25 to 12/24/25		Invoice Date: 11/28/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74029	Check Date: 01/06/2026	CC:	
<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 2510 382 0 000	Service 11/25/25 to 12/24/25		239.36		N	
Vendor ID: WOLJOE	WOLSLEGER, JOE	PO Number:		Invoice Number: BB 12/4	Amount:	200.00
Description: B/G VARSITY BB 12/4		Invoice Date: 12/02/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 200.00	
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46019	Check Date: 12/03/2025	CC:	
<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>
05 2900 890 2 001 0116	B/G VARSITY BB 12/4		200.00	200.00	N	
Vendor ID: WOODRIVER	WOODRIVER ENERGY LLC	PO Number:		Invoice Number: 474885	Amount:	5,286.32
Description: Gas Service 9/19/25-10/21/25		Invoice Date: 11/05/2025	Due Date: 01/06/2026	Status: P	1099 Amount: 5,286.32	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 74030	Check Date: 01/06/2026	CC:	
<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 2610 621 2 001	Gas Service 9/19/25-10/21/25 HS		1,924.95	1,924.95	N	

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01 2610 621 0 000	Gas Service 9/19/25-10/21/25 CO	75.75	75.75 N
01 2610 621 1 006	Gas Service 9/19/25-10/21/25 WIS	1,350.77	1,350.77 N
01 2610 621 1 003	Gas Service 9/19/25-10/21/25 Eagle	1,836.08	1,836.08 N
01 2610 621 1 004	Gas Service 9/19/25-10/21/25 Hamlow	98.77	98.77 N

Vendor ID: WAYNEST WSC CAREER SERVICES PO Number: **Invoice Number: 1308 Amount: 50.00**
 Description: Booth at WSC Education Fair Invoice Date: 11/13/2025 Due Date: 12/02/2025 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 73957 Check Date: 12/02/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 2570 330 0 000 Booth at WSC Education Fair 50.00 N

Vendor ID: YANT YANT EQUIPMENT PO Number: **Invoice Number: 367762071 Amount: 154.50**
 Description: EPRINT Invoice Date: 11/20/2025 Due Date: 12/02/2025 Status: V 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 73958 Check Date: 12/02/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 1100 610 2 001 1193 EPRINT 154.50 N

Vendor ID: YANT YANT EQUIPMENT PO Number: **Invoice Number: 367840079 Amount: 49.50**
 Description: Baloo Baleerie Invoice Date: 09/26/2025 Due Date: 12/02/2025 Status: V 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 73958 Check Date: 12/02/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 1100 610 2 001 1193 Baloo Baleerie 49.50 N

Vendor ID: YANT YANT EQUIPMENT PO Number: **Invoice Number: L020912 Amount: 306.00**
 Description: Diesel Pump Breakaway and Sealant Invoice Date: 11/17/2025 Due Date: 12/02/2025 Status: V 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 73958 Check Date: 12/02/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 2710 739 0 000 Diesel Pump Breakaway and Sealant 306.00 N

Vendor ID: YANT YANT EQUIPMENT PO Number: **Invoice Number: L020912-1 Amount: 306.00**
 Description: Diesel Pump Breakaway Invoice Date: 11/17/2025 Due Date: 01/06/2026 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 74031 Check Date: 01/06/2026 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 2710 739 0 000 Diesel Pump Breakaway 306.00 N

Vendor ID: YANT YANT EQUIPMENT PO Number: **Invoice Number: V*367762071 Amount: (154.50)**
 Description: EPRINT Invoice Date: 12/05/2025 Due Date: 12/02/2025 Status: V 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 73958 Check Date: 12/02/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 01 1100 610 2 001 1193 EPRINT (154.50) N

Vendor ID: YANT YANT EQUIPMENT PO Number: **Invoice Number: V*367840079 Amount: (49.50)**
 Description: Baloo Baleerie Invoice Date: 12/05/2025 Due Date: 12/02/2025 Status: V 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 73958 Check Date: 12/02/2025 CC:
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

Invoice Listing - Detail

01 1100 610 2 001 1193 Baloo Baleerie (49.50) N

Vendor ID: YANT	YANT EQUIPMENT	PO Number:	Invoice Number: V*L020912	Amount:	(306.00)
Description: Diesel Pump Breakaway and Sealant		Invoice Date: 12/05/2025	Due Date: 12/02/2025	Status: V	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 73958	Check Date: 12/02/2025	CC:
<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 2710 739 0 000	Diesel Pump Breakaway and Sealant		(306.00)		N

Vendor ID: YORKHI	YORK HIGH SCHOOL	PO Number:	Invoice Number: UNI BOWL ADD 11/17	Amount:	100.00
Description: UNIFIED BOWLING ADD TEAMS 11/17		Invoice Date: 12/01/2025	Due Date: 12/03/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46020	Check Date: 12/03/2025	CC:
<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>
05 2900 890 2 001 0117	UNIFIED BOWLING ADD TEAMS 11/17		100.00		N

Vendor ID: YORKHI	YORK HIGH SCHOOL	PO Number:	Invoice Number: WREST 1/2	Amount:	200.00
Description: DUKE WRESTLING DUAL 1/2		Invoice Date: 12/09/2025	Due Date: 12/12/2025	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 2	Check Number: 46070	Check Date: 12/12/2025	CC:
<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>
05 2900 890 2 001 0117	DUKE WRESTLING DUAL 1/2		200.00		N

Report 1099 Total:	231,786.54	Report Total:	1,014,338.32
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Mechanical Services, Inc.

Division of Rutt's Heating & AC Inc.

Hastings | Kearney | Lincoln | Columbus

402-463-4853 – www.ruttsh heating.com

Service Agreement



Prepared for:

Waverly Public Schools



Location

School District 145
14511 Heywood/P.O.
Box 426
Waverly, NE 68462



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Eagle Elementary– Spring & Fall

Equipment	QTY	Manufacturer	Model Number	Asset/Serial #
AHU	1	Trane	MCCC	AHU 1
Boilers	2	Reillo	Multiple	EAGLE A&B
Condenser	1	Trane	R-series	Condenser 3
Exhaust Fans	7	Multiple	Multiple	EF 1-7
Package Unit	1	DJ Series	FWB-212/DJ-60-0	
Pumps	4	Multiple	Multiple	Pumps - Quantity 4
Rooftop Unit	2	Trane	YC0241F3VCAB	RTU 1 & 2
Unit Heaters	1	Trane	UH5A****EAATTO0800UE	Unit Heater 2
Unit Heaters	1	Trane	UHSB0601TAA10*****	Unit Heater 1
Water Heater	2		GPDT-50 300	WH 1&2
Rooftop Unit	1	Trane	YSK240A	251010954D
Rooftop Unit	1	Trane	YCD480D	C25B01011
Rooftop Unit	1	Trane	YCD480D	C25B01012
Rooftop Unit	1	Trane	OADG030C1	OA374829-1-1

Hamlow – Spring & Fall

Equipment	QTY	Manufacturer	Model Number	Asset
ERV	1	Renewairst	HE2XRT	ERV 1
ERV	1	Renewairst	HE2XRT	ERV 2
ERV	1	Renewairst	HE2XRT	ERV 3
ERV	1	Renewairst	HE2XRT	ERV 4
ERV	1	Renewairst	HE2XRT	ERV 5
ERV	1	Renewairst	HE2XRT	ERV 6
ERV	1	Renewairst	HE2XRT	ERV 7
ERV	10	Renewairst	HE2XRT	ERV 1-10
Heat Pump	52	Trane	Multiple	Qty of 94
Unit Heaters	8	Trane	UHEC103DACA	Qty of 8
Pumps w/vfds	2	B&G	Series 1510	Qty of 2
Split system	1	Daikin	RK4BNMIVJU	
Packaged Unit	1	McQuay	LGC102SH1G	



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Intermediate – Spring & Fall

Equipment	QTY	Manufacturer	Model Number	Asset
AHU	4	Daikin	FBOU170600960	AHU 1-4
Boiler	2	Aerco	BMK2000	BA 1&2
Chiller	1	Trane	CGAM	AC 1
Energy Revery	1	Daikin	SXA100-MA	ERW 1
Exhaust Fans	5	Greenheck	Multiple	EF 1-5
HW Heater	1	AO Smith	RJA 200	HW 1
HW Heater	1	AO Smith	BTR-200 118	HW 2
In room Cassettes	58	Daikin	Multiple	VRF 1-50 & 1-8
Pumps	4	Taco	Multiple	P 1-4
RTU	1	Engineered Air	FWE313/DJE60/O/M	MZ 1
RTU	1	Trane	YCD151	
RTU	4	Daikin	DPS010AHHG2DC-4	RTU 1-4
RTU	1	Sterling	E1G-RT50A	
Split System	2	Daikin	Multiple	SSIU/OU 1 & 2
Unit Heaters	2	Daikin	UHH33	UH 1&2
VRFO	6	Daikin	Multiple	VRFO 1-6

Middle School – Spring & Fall

Equipment	QTY	Manufacturer	Model Number	Asset
ERV'	10	Multiple	Multiple	ERV 1-10
Exhaust Fans	20	Multiple	Multiple	EF 1-20
Exhaust Fans	4	Northwest Environfan	48F9	CF 1-4
Exhaust Fans	1	Greenheck	GXFD	KH-1
Heat Pump	102	Multiple	Multiple	HP 1-102
HW Heater	3	AO Smith	SUF130400NEA	
Make-up Air Unit	1	Greenheck	GXFD	MAU-1
Pumps	17	Multiple	Multiple	P 1-17
Split System	2	Mitsubishi	PK24FK	SSUI 1 -2
Unit Heaters	4	Bracsh	BYUH54803	UH 1-4



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High School – Spring & Fall

Equipment	QTY	Manufacturer	Model Number	Asset
Air Handling Unit	15	Multiple	Multiple	AHU 1-15
Air Handling Unit		Multiple	Multiple	AHU 17
Condenser	18	Multiple	Multiple	CU 1-18
RTU	1	Trane	OAKD300	
Split System	3	Daikin	Multiple	SSIU/OU 1-3
Boiler/HW Heaters	12	Multiple	Multiple	BLR - Multiple
Unit Heater	3	Trane	Multiple	UH - 1-3
Exhaust Fans	34	Multiple	Multiple	
ERV	2	Loren Cook	ERVr 8500	
Pumps	6			



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Pricing

Term	Annual	Quarterly	Monthly
1/1/2026 -12/31/2026*	\$86,397.00	\$21,599.25	\$7,199.75
1/1/2027 -12/31/2027	\$89,868.00	\$22,467.00	\$7,489.00
1/1/2029 -12/31/2029	\$93,465.00	\$23,366.25	\$7,788.75
Initial Desired Payment →			

*** 1st year pricing can be locked in at \$86,397.00 per year by accepting a 3-year term, providing a savings of \$10,539.00 over the 3-year term.**

Customer Preferred Pricing:

*Our number #1 priority is you and we are **invested in your success**. All Rutt’s Mechanical Services customers with an active service agreement receive a **10% discount on parts and a \$20 per hour discount on our hourly labor rates**. The discounted normal working hours labor rate is \$160/hr. for the upcoming 2026 year. Preferred pricing can add up to significant savings during the term of your service agreement!*

Rutt’s Mechanical Services customers with an active service agreement have access to our services 24 hours a day, 365 days a year. To reach our service department, dial 1 (833) 308-2573.

Exclusions:

- Any work not specifically listed in the scope of this document is not included.
- Refrigerant replacement is not included in this proposal.
- All work to be performed during normal working hours. For the purpose of this document “normal” working hours are defined as 8AM – 5PM, Monday – Friday, excluding holidays.
- See Terms and Conditions on the last 3 pages of this document.
- Filters materials are excluded from this agreement.

Customer Acceptance

Rutt’s Mechanical Services Inc.

Printed

Printed

Signed

Signed

Date

Date

Purchase Order



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Preventive Maintenance Tasking

Boiler Inspection

- Inspect safety valve.
- Inspect temperature and safety controls including pilot and main gas safeties.
- Inspect piping and connections.
- Inspect gas pressure, gas regulator and gas valve.
- Inspect pilot and main gas ignition and operation.
- Inspect combustion room air intake system.
- Inspect valves & blow down or flush main tank drain.
- Inspect contacts and connections on all controls and tighten as needed.
- Inspect and replace ignition wiring as needed.
- Inspect electrodes and clean as needed.
- Inspect venting.

AHU / Fan Coil Inspection

- Inspect electrical components
- Check glycol concentration if applicable
- Check energy wheel if applicable
- Inspect starters and contact surfaces
- Inspect Coils
- Inspect all belts and sheaves where applicable
- If applicable, lubricate motors/bearings
- Inspect for oil/refrigerant, water leaks
- Inspect cabinetry/hardware conditions
- Inspect structural integrity of unit
- Inspect air filter



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Air Cooled Chiller - Spring

- Review diagnostics
- Verify line voltage
- Visual condenser coil check
- Check compressor / oil heaters
- Verify pump operation and water flows
- Oil level check per circuit
- Measure volts/amps of condenser fan motors
- Check condenser fan/ brackets and bearings
- Check glycol concentration if applicable
- Check pressure drop across heat exchanger
- Refer to maintenance portion of IOM
- Verify sensor readings
- Inspect communication link wiring

Air Cooled Chiller Annual Inspection - Fall

- Review diagnostics
- Verify line voltage
- Electrical inspection
- Meg compressor motor(s)
- Leak check
- Visual condenser coil check
- Condenser fan / motor bearing check
- Evaporator flow switch inspection
- Check for software updates and install
- Check oil / crankcase heaters
- Check glycol concentration if applicable
- Check evaporator heater
- Verify sensor readings

Pump Inspection

- Lubricate pump and motor bearings per manufacturer's recommendations
- Tighten all nuts and bolts
- Inspect motor mounts and vibration pads
- Visually Inspect pump alignment and coupling
- Inspect motor operating conditions
- Inspect electrical connections and contactors
- Inspect hand valves
- Inspect mechanical seal or packing as applicable
- Clean external surfaces if needed
- Inspect suction and discharge pressures
- Lubricate bearings if applicable



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Rooftop Fall:

- Perform electrical inspection
- Inspect combustion blower motor bearings
- Inspect combustion blower motor
- Inspect indoor blower motor
- Inspect fan and fan bearings
- Inspect condenser fans
- Inspect crankcase heaters
- Inspect surface igniter
- Inspect door gaskets
- Inspect belts and sheaves
- Lubricate motors/bearings
- Inspect for leaks
- Inspect unit general condition
- Check gas pressure, if applicable
- Check electric heating element if applicable
- Check combustion if applicable
- Check proper operation of economizer
- Inspect air filters
- Inspect VFD if applicable

Rooftop Spring:

- Inspect electrical components
- Inspect starters and contact surfaces
- Check crankcase heaters
- Check oil levels
- Check condenser motor bearings, fans/brackets
- Check heat exchanger
- Inspect coils
- Lubricate bearings if applicable
- Inspect general cabinet condition
- Inspect VFD
- Check air filters
- Check drain pan and condensate trap
- Inspect for refrigerant leaks
- Refer to IOM maintenance section



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Exhaust Fan Inspection

Check blade pitch operation where applicable
 Check rotary union where applicable
 Lube spider hub assembly where applicable
 Lube fan and motor bearings
 Check belts & sheaves - adjust as applicable- change as needed
 Tighten all nuts/bolts/mounting hardware
 Check motor mounts and vibration pads
 Check motor volts/amps
 Check and tighten all electrical connections
 Lube/adjust associated dampers
 Check fan operation
 Check structural integrity of assembly

Water Source Heat Pump Spring / Fall Inspection

Inspect operation of reversing valve
 Inspect condenser loop strainer where applicable
 Inspect defrost cycle and controls
 Inspect back-up heat source where applicable
 Inspect Electrical components
 Inspect all belts where applicable – Change as needed
 Inspect all safety controls
 If applicable, lubricate motors/bearings
 Inspect for oil/refrigerant leaks
 Inspect cabinetry/hardware conditions
 Inspect structural integrity of unit
 Inspect air filters
 Verify operating temperatures

CGAM Annual

Verify line voltage
 Electrical inspection
 Meg compressor motor(s)
 Leak check
 Visual condenser coil check
 Condenser fan / motor bearing check
 Evaporator flow switch inspection
 Check oil / crankcase heaters
 Manual or electronic log if chiller is running
 Check glycol concentration if applicable
 Check evaporator heater



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Direct Fired Units

- Check belt – Change as needed
- Check blower
- Verify gas pressure
- Check gas safety
- Check flame signals
- Clean burner if required
- Lubricate bearings
- Clean flame rod
- Check electrical connections

ERV Inspection

- Inspect electrical connections
- Check line voltage
- Inspect filters
- Inspect belts, sheave, and motor
- Inspect blower
- Inspect wheel media
- Lubricate bearings
- Inspect damper operation
- Check starter
- Check free stat if applicable

Energy Recovery Wheels – Enthalpy

- Inspect and verify no damage to media
- Inspect media cleanliness
- Verify belt is installed and not worn
- Motor is running at or below FLA
- Diameter seals are properly set and secured
- Media segments are seated flat in the wheel
- All segment retaining latches are closed and secured

Split System Maintenance

- Inspect air filter
- Inspect coils
- Inspect refrigerant lines for wear or leaks
- Inspect and clean drain line
- Perform electrical inspection

VFD Inspection

- Check input line voltage
- Confirm input line voltage is balance within 3%
- Check full load amps in drive and bypass if applicable
- Exercise safety circuit to ensure unit stops running



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VRF Cassette Inspection

Inspect electrical wiring and connections

Check for leaks

Clean drain

Inspect Filter

VRF Ducted Cassette Inspection

Inspect electrical wiring and connections

Check for leaks

Clean drain

Inspect Filter

Unit Heaters

Inspect heater for any signs of physical damage, corrosion, or leaks.

Clean coils, and fan blades, to remove dust and debris

Lubricate the fan motor and other moving parts as recommended by the manufacturer.

Inspect the electrical components, including wiring and connections

Test the unit heater's operation by turning it on and checking for proper heating and airflow



Terms & Conditions

ADDITIONAL TERMS AND CONDITIONS

1. **Services.** Subject to the terms and conditions set forth in the Agreement (as defined below), the counterparty identified in this Agreement (“You”) engage **RUTT'S HEATING AND AIR CONDITIONING, INC.** (“Company”) to provide, and the Company agrees to provide to You, only those services specifically described in this Agreement (“Services”).
2. **Complete Agreement.** These additional terms and conditions are incorporated by reference into, and form an integral component of, the proposal, documentation or agreement provided to You by the Company (these additional terms and conditions, together with the proposal, documentation or agreement provided to You by the Company being, collectively, the “Agreement”). Company’s agreement to perform the Services is expressly conditioned on Your agreement with and acceptance of the express terms and conditions in this Agreement, as evidenced by your acceptance or signature of the Agreement. Neither this Agreement nor Your acceptance shall be deemed to include any additional or different terms proposed by You whether communicated orally or in writing that may add to, vary from or conflict with the terms of this Agreement, and Company expressly objects to any term or condition that may add to, vary from or conflict with the terms of this Agreement. You and Company shall mutually agree in writing upon any adjustment or change to the terms of the Services or this Agreement. Company shall not be responsible for any services or work not specifically listed in this Agreement.
3. **Credit Approval.** This Agreement is subject to credit approval by Company. If the Company does not approve Your credit, or if the Company disapproves Your credit at any time during performance of the Services, Company may (in Company’s sole discretion, and at Company’s option), terminate this Agreement upon notice to You, delay or suspend performance of the Services without any liability, attempt to renegotiate any terms or conditions of this Agreement as Company may determine, and/or exercise any other rights or remedies available to Company. If Company elects, at any time to terminate this Agreement, then the Agreement shall terminate without any liability to Company and You shall immediately pay Company for Services provided prior to the date of termination along with any other costs or expenses incurred by Company in connection with, or in anticipation of, this Agreement and the Services.
4. **Fees.** You shall pay Company all fees, costs, charges, expenses and other amounts (“Fees”) set forth in or contemplated in this Agreement. Unless otherwise specifically stated elsewhere in this Agreement, all Fees are calculated and determined based on Services being performed on business days and during normal business hours. Services performed on days other than business days and Services performed outside of normal business hours shall be performed at Company’s then-current overtime, holiday, weekend, evening or other applicable rates (as the same may be adjusted from time to time).
5. **Taxes.** In addition to Fees, You shall pay Company all taxes and similar amounts or charges payable by the Company in connection with the Services and this Agreement.
6. **Payment.** Unless otherwise specifically stated elsewhere in this Agreement, all payments (including Fees and taxes) are due immediately upon receipt of an invoice or similar document from Company. If payment is not made when due, Company’s remedies shall include, but not be limited to: (a) the assessment of a late charge of two percent (2%) per month, or the highest rate permitted by law, whichever is less; (b) suspension of the Services until all payments due have been made; (c) termination of this Agreement; and/or (d) the filing and enforcement of a construction lien on Your property. You shall pay to Company upon demand all costs (including attorneys’ fees) incurred by Company in collecting or attempting to collect amounts due or otherwise enforcing this Agreement.
7. **Warranties.** Company warrants that the Services shall be performed in a workmanlike manner. Except as expressly set forth in this Agreement, Company makes no representations or warranties, express or implied or otherwise incorporated in this Agreement whether by statute, common law or otherwise, including without limitation, with respect to the Services, the quality of the Services, the results of the Services performed, including, without limitation, any warranties as to merchantability or fitness for a particular purpose, any warranties of correctness, completeness or accuracy, as well as any warranties arising from a course of dealing, usage or trade practice.
8. **Cooperation; Access.** You shall cooperate fully with Company to promptly provide any and all information reasonably requested by Company in connection with the performance of the Services. You shall provide Company with access to your property (and any other necessary premises), and provide Company with access to all required utilities, in order for Company to perform the Services. You shall cooperate with the Company, and provide the Company with such other access, cooperation and materials as the Company may request. Your property and premises shall be safe, shall be a suitable working condition, and shall be in compliance with all applicable laws, rules and regulations. Company may, without limiting any other rights or remedies available to Company, terminate this Agreement or suspend or delay performance of Services if You fail to comply with Your obligations under this Agreement.



9. **Indemnity; Limitations.** During the course of, and upon and after completion of the Services for any reason whatsoever, You agree to indemnify and hold Company and its members, managers, officers, employees, subcontractors, subsidiaries and affiliates harmless from and against any loss, liability, damage or expense whatsoever (including court costs and reasonable attorneys' fees) incident to any claim, action or proceedings against Company, or any member, manager, officer, employee, subcontractor, subsidiary or affiliate thereof, which arise out of or relate to, directly or indirectly, (a) any of Your actions or omissions that directly or indirectly cause any losses to the Company or that impact the timing, performance or quality of the Services; (b) any inaccurate or incomplete information provided by you to Company; (c) any breach of this Agreement by You; (d) any failure by You to adhere to any guidelines, recommendations or instructions from Company or any manufacturer or third party of any kind relating directly or indirectly to the Services or any equipment or materials used in connection with the Services; or (e) any other actions or omissions by You relating to the Services or this Agreement (including, without limitation, any fraud, negligence or misconduct). Company shall not be liable to You or any third party for any anticipated profits, special, indirect, punitive, incidental, lost profits, business interruption, loss of service, loss of business or consequential damages or penalties of any kind. Company's liability on any claim arising out of or relating to this Agreement or the performance of the Services or a breach of this Agreement shall in no case exceed the price paid by You to Company for the performance of the Services giving rise to the claim. You must commence any action against Company arising out of or relating to this Agreement, including, without limitation, for breach of this Agreement or any warranty associated with the Services, within one (1) year from the date the Services are completed by Company (or the termination of this Agreement, if earlier) or any such claim will be forever barred.

10. **Termination by Company.** Without limiting any other rights or remedies in this Agreement, You acknowledge and agree that Company may terminate this Agreement at any time without liability upon notification to You (in which event, You shall immediately pay Company for Services provided prior to the date of termination).

11. **Force Majeure; Unknown Conditions; Timing.** Company shall be excused from its obligations, and shall not be liable for any damages arising out of any delay or default in the performance of the Services, under this Agreement to the extent that any delay or failure in the performance of such obligations results from any cause beyond its reasonable control, including without limitation, performance by third parties, power failures, acts of God, acts of civil or military authority, embargoes, epidemics, pandemics, war, riots, acts of terrorism, severe weather conditions or labor problems. In the event Company determines that this Agreement cannot be performed as intended by the parties due to structural or other defects or conditions at or around Your property, Company may cancel this Agreement without liability upon notification to You (in which event, You shall immediately pay Company for Services provided prior to the date of termination). Any stated or estimated start date or estimated completion date set forth in this Agreement, if any, are merely estimates and are not a guarantee of performance by any certain date. Company shall not be liable for a failure to perform by or in accordance with any estimated dates, if any, set forth in this Agreement.

12. **Exclusivity.** You acknowledge and agree that Company shall be the sole and exclusive provider to You of the Services and any other services that are substantially similar to the Services, and You covenant and agree not to engage any other person or entity during the term of this Agreement to provide You with any Services which are the same as, or substantially similar to, the Services.

13. **Exclusions.** Without limiting any other rights or remedies of, or protections for the benefit of, Company, You acknowledge and agree that, unless otherwise specifically stated elsewhere in this Agreement, the Services do not include, and Company shall not be responsible for or liable for, any claims, losses, damages or expenses in any way connected with, relating to or arising from, directly or indirectly, any of the following: (a) any guarantee of room conditions or system performance; (b) inspection, maintenance, repair, replacement of or services for: chilled water and condenser water pumps and piping; electrical disconnect switches or circuit breakers; motor starting equipment that is not factory mounted and interconnecting power wiring; recording or portable instruments, gauges or thermometers; non-moving parts or non-maintainable parts of the system, including, but not limited to, storage tanks; pressure vessels, shells, coils, tubes, housings, castings, casings, drain pans, panels, duct work; piping: hydraulic, hydronic, pneumatic, gas, or refrigerant; insulation; pipe covering; refractory material; fuses, unit cabinets; electrical wiring; ductwork or conduit; electrical distribution system; hydronic structural supports and similar items; the appearance of decorative casing or cabinets; damage sustained by other equipment or systems; and/or any failure, misadjustment or design deficiencies in other equipment or systems; (c) damage, repairs or replacement of parts made necessary as a result of electrical power failure, low voltage, burned out main or branch fuses, low water pressure, vandalism, misuse or abuse, wear and tear, end of life failure, water damage, improper operation, unauthorized alteration of equipment, accident, acts or omissions of You or others, damage due to freezing weather, calamity, malicious act, or any force majeure event; (d) any damage or malfunction resulting from vibration, electrolytic action, freezing, contamination, corrosion, erosion, or caused by scale or sludge on internal tubes except where water treatment protection services are provided by Company as part of this Agreement; (e) furnishing any items of equipment, material, or labor/, or performing special tests recommended or required by insurance companies or other third parties; (f) failure or inadequacy of any structure or foundation supporting or surrounding the equipment to be worked on or any portion thereof; (g) building access or alterations that might be necessary to repair or replace Your existing equipment; (h) The normal function of starting and stopping equipment or the opening and closing of valves, dampers or regulators normally installed to protect equipment against damage; (i) valves that are not factory mounted: balance, stop, control, and other valves external to the device; (j) any responsibility for design or redesign of any systems or equipment, obsolescence, safety tests, or removal or reinstallation of valve bodies and dampers; (k) any services, claims, or damages arising out of Your failure to comply with its obligations under this Agreement; (l) Your failure to follow manufacturer recommendations concerning teardown and internal inspection, overhaul and refurbishing of equipment; (m) any claims, damages, losses, or expenses, arising from or related to conditions that existed



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in, on, or upon the premises before the Services are provided, including, without limitation, damages, losses, or expenses involving pre-existing building envelope issues, mechanical issues, plumbing issues, and/or indoor air quality issues involving mold/mould and/or fungi; (n) replacement of refrigerant and other fluids / supplies is excluded, unless replacement of refrigerant or other fluid / supply is expressly stated as included within the Services, in which case replacement shall in no event exceed the stated percentage of rated system charge per year expressly stated in the Services; (o) crane or rigging costs; (p) any Services, claims, or damages arising out of refrigerant not supplied by Company. Further, You acknowledge and agree that You shall be solely and exclusively responsible for: (x) the cost of any additional replacement refrigerant, fluids or other supplies; (y) operation of any equipment; and (z) any claims, damages, losses, or expenses, arising from or related to work done by or services provided by individuals or entities that are not employed by or hired by Company

14. **Miscellaneous.** No provisions of this Agreement will be waived by any party except in writing, no waiver by any party of a breach shall be construed as a waiver of any subsequent breach by the same party. If any provision of this Agreement is held invalid or unenforceable, the remaining provisions and applications of this Agreement shall remain valid and enforceable. This Agreement may be amended or modified only by a written amendment duly signed by each of the parties. The relationship of the parties established by this Agreement is of independent contractors. You may not assign your rights under this Agreement without the prior written consent of Company. This Agreement shall be construed in accordance with the substantive laws of the State or Nebraska. Any controversy or claim arising out of or relating to this Agreement, or any breach thereof, must be brought in the appropriate state or federal courts located in Omaha, Douglas County, Nebraska. You waive any right you may have to a jury trial with respect to any litigation arising under or in connection with this Agreement, regardless of theory of recovery. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original and all of which taken together shall constitute one and the same instrument. This Agreement may be executed and delivered by facsimile transmission, or by .pdf, .tif, .gif, .jpeg or similar attachment to electronic mail shall be treated in all manner and respects as an original executed counterpart and shall be considered to have the same binding legal effect as if it were the original signed version thereof delivered in person.



Mechanical Services, Inc.

Division of Rutt's Heating & AC Inc.

Hastings | Kearney | Lincoln | Columbus

402-463-4853 – www.ruttsh heating.com

Service Agreement



Prepared for:

Waverly Public Schools



Location:

School District 145
14511 Heywood/P.O.
Box 426
Waverly, NE 68462



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Scope of Services

Under this agreement, **Rutt's Mechanical Service** shall provide **preventative maintenance and technical support** on the **Honeywell Building Automation and Control Systems** installed throughout Waverly School District facilities (Eagle Elementary, Waverly Hamlow Elementary, Waverly Intermediate, Waverly Middle, and Waverly High School).

All labor and travel expenses required for these services are included. Factory-trained technicians will perform the specified work during **scheduled on-site visits** throughout the year, supported by **remote phone assistance** for staff control questions or issues.

1. Honeywell Webs Database – Software Updates Included

- Backup all site-specific software (control sequences, graphics, point data, etc.) for secure on- and off-site storage.
- Apply available and applicable **Honeywell Webs software upgrades** up to once per year.
- Maintain integrity of each school's system configuration and ensure version consistency district-wide.

2. Facility Management Systems (Web Supervisors & Network Controllers)

- Verify proper communication between all controllers and the Honeywell Web interface.
- Consult with district representatives to improve control strategies and building operation.
- Review system trends, history logs, and alarms to identify and resolve control issues.
- Confirm proper scheduling and alarm configurations.
- Perform minor graphical display updates to enhance functionality and operator clarity.

3. Honeywell DDC Controls for Primary Equipment

Includes air handlers, rooftop units (RTUs), energy recovery ventilators (ERVs), heat pump loop water systems, and hot/chilled water systems.

Technicians will:

- Perform complete **functional testing** of each unit and control sequence.
- Implement minor programming or sequence improvements for better system performance.
- Calibrate all relevant input points (temperature, pressure, humidity, status).
- Calibrate all relevant output points (relays, transducers, actuators, voltages).
- Test all low-limit safeties and interlocks, making adjustments as required.

4. Honeywell DDC Controls for Secondary and Zone Controls

Includes VAV controllers, heat pump controllers, VRF units, fin tubes, perimeter heat, exhaust fans, cabinet unit heaters, and other terminal devices.

Technicians will:

- Functionally test each control device and sequence from the operator workstation.
- Perform calibration of all input and output points as needed.
- Make minor logic or sequence adjustments to improve comfort and performance.

5. Variable Frequency Drives (VFDs)

- Verify each drive's proper command response and safety interlock functionality.
 - Inspect input voltages, check for corrosion, and tighten electrical connections as needed.
 - Clean unit and cooling fans to maintain proper thermal performance and component life.
-



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6. District-Wide Support and Remote Services

- Provide **phone and remote support** to assist building staff with control system questions or operational issues.
 - Maintain and periodically verify communication between school systems and the district-level supervisor interface.
 - Ensure system backups and control databases remain consistent across all facilities.
-

Benefits

- **Protection:** Regular system backups preserve the district's investment in its automation infrastructure.
 - **Comfort:** Control verification reduces the likelihood of heating or cooling disruptions.
 - **Efficiency:** Properly tuned and scheduled systems reduce energy waste.
 - **Freedom:** District staff can focus on educational operations rather than system troubleshooting.
-

Service Frequency

- **Eagle Elementary, Hamlow Elementary, and Waverly Intermediate:** Two one-day on-site visits per year.
- **Waverly Middle School:** Three one-day on-site visits per year.
- **Waverly High School:** Four one-day on-site visits per year.



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Pricing

Term	Annual	Quarterly	Monthly
10/1/2026 -9/30/2027 *	\$40,608.00	\$24,387.00	\$8,129.00
10/1/2027 -9/30/2028	\$42,246.00	\$10,561.50	\$3,520.50
10/1/2028 -9/30/2029	\$43,947.00	\$10,986.75	\$3,662.25
Initial Desired Payment			

* 1st year pricing can be locked in at \$40,608.00 per year by accepting a 3-year term, providing a savings of \$4,977.00 over the 3-year term.

Customer Preferred Pricing:

Our number #1 priority is you and we are **invested in your success**. All Rutt’s Mechanical Services customers with an active service agreement receive a **10% discount on parts and a \$20 per hour discount on our hourly labor rates**. The discounted normal working hours labor rate is \$160/hr. for the upcoming 2026 term. Preferred pricing can add up to significant savings during the term of your service agreement!

Rutt’s Mechanical Services customers with an active service agreement have access to our services 24 hours a day, 365 days a year. To reach our service department, dial 1 (833) 308-2573.

Exclusions:

1. Any work not specifically listed in the scope of this document is not included.
2. Refrigerant replacement is not included in this proposal.
3. All work to be performed during normal working hours. For the purpose of this document “normal” working hours are defined as 8AM – 5PM, Monday – Friday, excluding holidays.
4. See Terms and Conditions on the last 3 pages of this document.
5. Filters materials are excluded from this agreement.

Customer Acceptance

Rutt’s Mechanical Services Inc.

Printed

Printed

Signed

Signed

Date

Date

Purchase Order



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Terms & Conditions

ADDITIONAL TERMS AND CONDITIONS

1. **Services.** Subject to the terms and conditions set forth in the Agreement (as defined below), the counterparty identified in this Agreement ("You") engage **RUTT'S HEATING AND AIR CONDITIONING, INC.** ("Company") to provide, and the Company agrees to provide to You, only those services specifically described in this Agreement ("Services").
2. **Complete Agreement.** These additional terms and conditions are incorporated by reference into, and form an integral component of, the proposal, documentation or agreement provided to You by the Company (these additional terms and conditions, together with the proposal, documentation or agreement provided to You by the Company being, collectively, the "Agreement"). Company's agreement to perform the Services is expressly conditioned on Your agreement with and acceptance of the express terms and conditions in this Agreement, as evidenced by your acceptance or signature of the Agreement. Neither this Agreement nor Your acceptance shall be deemed to include any additional or different terms proposed by You whether communicated orally or in writing that may add to, vary from or conflict with the terms of this Agreement, and Company expressly objects to any term or condition that may add to, vary from or conflict with the terms of this Agreement. You and Company shall mutually agree in writing upon any adjustment or change to the terms of the Services or this Agreement. Company shall not be responsible for any services or work not specifically listed in this Agreement.
3. **Credit Approval.** This Agreement is subject to credit approval by Company. If the Company does not approve Your credit, or if the Company disapproves Your credit at any time during performance of the Services, Company may (in Company's sole discretion, and at Company's option), terminate this Agreement upon notice to You, delay or suspend performance of the Services without any liability, attempt to renegotiate any terms or conditions of this Agreement as Company may determine, and/or exercise any other rights or remedies available to Company. If Company elects, at any time to terminate this Agreement, then the Agreement shall terminate without any liability to Company and You shall immediately pay Company for Services provided prior to the date of termination along with any other costs or expenses incurred by Company in connection with, or in anticipation of, this Agreement and the Services.
4. **Fees.** You shall pay Company all fees, costs, charges, expenses and other amounts ("Fees") set forth in or contemplated in this Agreement. Unless otherwise specifically stated elsewhere in this Agreement, all Fees are calculated and determined based on Services being performed on business days and during normal business hours. Services performed on days other than business days and Services performed outside of normal business hours shall be performed at Company's then-current overtime, holiday, weekend, evening or other applicable rates (as the same may be adjusted from time to time).
5. **Taxes.** In addition to Fees, You shall pay Company all taxes and similar amounts or charges payable by the Company in connection with the Services and this Agreement.
6. **Payment.** Unless otherwise specifically stated elsewhere in this Agreement, all payments (including Fees and taxes) are due immediately upon receipt of an invoice or similar document from Company. If payment is not made when due, Company's remedies shall include, but not be limited to: (a) the assessment of a late charge of two percent (2%) per month, or the highest rate permitted by law, whichever is less; (b) suspension of the Services until all payments due have been made; (c) termination of this Agreement; and/or (d) the filing and enforcement of a construction lien on Your property. You shall pay to Company upon demand all costs (including attorneys' fees) incurred by Company in collecting or attempting to collect amounts due or otherwise enforcing this Agreement.
7. **Warranties.** Company warrants that the Services shall be performed in a workmanlike manner. Except as expressly set forth in this Agreement, Company makes no representations or warranties, express or implied or otherwise incorporated in this Agreement whether by statute, common law or otherwise, including without limitation, with respect to the Services, the quality of the Services, the results of the Services performed, including, without limitation, any warranties as to merchantability or fitness for a particular purpose, any warranties of correctness, completeness or accuracy, as well as any warranties arising from a course of dealing, usage or trade practice.
8. **Cooperation; Access.** You shall cooperate fully with Company to promptly provide any and all information reasonably requested by Company in connection with the performance of the Services. You shall provide Company with access to your property (and any other necessary premises), and provide Company with access to all required utilities, in order for Company to perform the Services. You shall cooperate with the Company, and provide the Company with such other access, cooperation and materials as the Company may request. Your property and premises shall be safe, shall be a suitable working condition, and shall be in compliance with all applicable laws, rules and regulations. Company may, without limiting any other rights or remedies available to Company, terminate this Agreement or suspend or delay performance of Services if You fail to comply with Your obligations under this Agreement.



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9. **Indemnity; Limitations.** During the course of, and upon and after completion of the Services for any reason whatsoever, You agree to indemnify and hold Company and its members, managers, officers, employees, subcontractors, subsidiaries and affiliates harmless from and against any loss, liability, damage or expense whatsoever (including court costs and reasonable attorneys' fees) incident to any claim, action or proceedings against Company, or any member, manager, officer, employee, subcontractor, subsidiary or affiliate thereof, which arise out of or relate to, directly or indirectly, (a) any of Your actions or omissions that directly or indirectly cause any losses to the Company or that impact the timing, performance or quality of the Services; (b) any inaccurate or incomplete information provided by you to Company; (c) any breach of this Agreement by You; (d) any failure by You to adhere to any guidelines, recommendations or instructions from Company or any manufacturer or third party of any kind relating directly or indirectly to the Services or any equipment or materials used in connection with the Services; or (e) any other actions or omissions by You relating to the Services or this Agreement (including, without limitation, any fraud, negligence or misconduct). Company shall not be liable to You or any third party for any anticipated profits, special, indirect, punitive, incidental, lost profits, business interruption, loss of service, loss of business or consequential damages or penalties of any kind. Company's liability on any claim arising out of or relating to this Agreement or the performance of the Services or a breach of this Agreement shall in no case exceed the price paid by You to Company for the performance of the Services giving rise to the claim. You must commence any action against Company arising out of or relating to this Agreement, including, without limitation, for breach of this Agreement or any warranty associated with the Services, within one (1) year from the date the Services are completed by Company (or the termination of this Agreement, if earlier) or any such claim will be forever barred.
10. **Termination by Company.** Without limiting any other rights or remedies in this Agreement, You acknowledge and agree that Company may terminate this Agreement at any time without liability upon notification to You (in which event, You shall immediately pay Company for Services provided prior to the date of termination).
11. **Force Majeure; Unknown Conditions; Timing.** Company shall be excused from its obligations, and shall not be liable for any damages arising out of any delay or default in the performance of the Services, under this Agreement to the extent that any delay or failure in the performance of such obligations results from any cause beyond its reasonable control, including without limitation, performance by third parties, power failures, acts of God, acts of civil or military authority, embargoes, epidemics, pandemics, war, riots, acts of terrorism, severe weather conditions or labor problems. In the event Company determines that this Agreement cannot be performed as intended by the parties due to structural or other defects or conditions at or around Your property, Company may cancel this Agreement without liability upon notification to You (in which event, You shall immediately pay Company for Services provided prior to the date of termination). Any stated or estimated start date or estimated completion date set forth in this Agreement, if any, are merely estimates and are not a guarantee of performance by any certain date. Company shall not be liable for a failure to perform by or in accordance with any estimated dates, if any, set forth in this Agreement.
12. **Exclusivity.** You acknowledge and agree that Company shall be the sole and exclusive provider to You of the Services and any other services that are substantially similar to the Services, and You covenant and agree not to engage any other person or entity during the term of this Agreement to provide You with any Services which are the same as, or substantially similar to, the Services.
13. **Exclusions.** Without limiting any other rights or remedies of, or protections for the benefit of, Company, You acknowledge and agree that, unless otherwise specifically stated elsewhere in this Agreement, the Services do not include, and Company shall not be responsible for or liable for, any claims, losses, damages or expenses in any way connected with, relating to or arising from, directly or indirectly, any of the following: (a) any guarantee of room conditions or system performance; (b) inspection, maintenance, repair, replacement of or services for: chilled water and condenser water pumps and piping; electrical disconnect switches or circuit breakers; motor starting equipment that is not factory mounted and interconnecting power wiring; recording or portable instruments, gauges or thermometers; non-moving parts or non-maintainable parts of the system, including, but not limited to, storage tanks; pressure vessels, shells, coils, tubes, housings, castings, casings, drain pans, panels, duct work; piping: hydraulic, hydronic, pneumatic, gas, or refrigerant; insulation; pipe covering; refractory material; fuses, unit cabinets; electrical wiring; ductwork or conduit; electrical distribution system; hydronic structural supports and similar items; the appearance of decorative casing or cabinets; damage sustained by other equipment or systems; and/or any failure, misadjustment or design deficiencies in other equipment or systems; (c) damage, repairs or replacement of parts made necessary as a result of electrical power failure, low voltage, burned out main or branch fuses, low water pressure, vandalism, misuse or abuse, wear and tear, end of life failure, water damage, improper operation, unauthorized alteration of equipment, accident, acts or omissions of You or others, damage due to freezing weather, calamity, malicious act, or any force majeure event; (d) any damage or malfunction resulting from vibration, electrolytic action, freezing, contamination, corrosion, erosion, or caused by scale or sludge on internal tubes except where water treatment protection services are provided by Company as part of this Agreement; (e) furnishing any items of equipment, material, or labor/, or performing special tests recommended or required by insurance companies or other third parties; (f) failure or inadequacy of any structure or foundation supporting or surrounding the equipment to be worked on or any portion thereof; (g) building access or alterations that might be necessary to repair or replace Your existing equipment; (h) The normal function of starting and stopping equipment or the opening and closing of valves, dampers or regulators normally installed to protect equipment against damage; (i) valves that are not factory mounted: balance, stop, control, and other valves external to the device; (j) any responsibility for design or redesign of any systems or equipment, obsolescence, safety tests, or removal or reinstallation of valve bodies and dampers; (k) any services, claims, or damages arising out of Your failure to comply with its obligations under this Agreement; (l) Your failure to follow manufacturer recommendations concerning teardown and internal inspection, overhaul and refurbishing of equipment; (m) any claims, damages, losses, or expenses, arising from or related to conditions that existed



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in, on, or upon the premises before the Services are provided, including, without limitation, damages, losses, or expenses involving pre-existing building envelope issues, mechanical issues, plumbing issues, and/or indoor air quality issues involving mold/mould and/or fungi; (n) replacement of refrigerant and other fluids / supplies is excluded, unless replacement of refrigerant or other fluid / supply is expressly stated as included within the Services, in which case replacement shall in no event exceed the stated percentage of rated system charge per year expressly stated in the Services; (o) crane or rigging costs; (p) any Services, claims, or damages arising out of refrigerant not supplied by Company. Further, You acknowledge and agree that You shall be solely and exclusively responsible for: (x) the cost of any additional replacement refrigerant, fluids or other supplies; (y) operation of any equipment; and (z) any claims, damages, losses, or expenses, arising from or related to work done by or services provided by individuals or entities that are not employed by or hired by Company

14. **Miscellaneous.** No provisions of this Agreement will be waived by any party except in writing, no waiver by any party of a breach shall be construed as a waiver of any subsequent breach by the same party. If any provision of this Agreement is held invalid or unenforceable, the remaining provisions and applications of this Agreement shall remain valid and enforceable. This Agreement may be amended or modified only by a written amendment duly signed by each of the parties. The relationship of the parties established by this Agreement is of independent contractors. You may not assign your rights under this Agreement without the prior written consent of Company. This Agreement shall be construed in accordance with the substantive laws of the State or Nebraska. Any controversy or claim arising out of or relating to this Agreement, or any breach thereof, must be brought in the appropriate state or federal courts located in Omaha, Douglas County, Nebraska. You waive any right you may have to a jury trial with respect to any litigation arising under or in connection with this Agreement, regardless of theory of recovery. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original and all of which taken together shall constitute one and the same instrument. This Agreement may be executed and delivered by facsimile transmission, or by .pdf, .tif, .gif, .jpeg or similar attachment to electronic mail shall be treated in all manner and respects as an original executed counterpart and shall be considered to have the same binding legal effect as if it were the original signed version thereof delivered in person.



Mechanical Services, Inc.

Division of Rutt's Heating & AC Inc.

Hastings | Kearney | Lincoln | Columbus

402-463-4853 – www.ruttsh heating.com

Service Agreement



Prepared for:

Waverly Public Schools



Location:

School District 145
14511 Heywood/P.O.
Box 426
Waverly, NE 68462



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Scope of Services

Under this agreement, **Rutt's Mechanical Service** shall provide **preventative maintenance and technical support** on the **Honeywell Building Automation and Control Systems** installed throughout Waverly School District facilities (Eagle Elementary, Waverly Hamlow Elementary, Waverly Intermediate, Waverly Middle, and Waverly High School).

All labor and travel expenses required for these services are included. Factory-trained technicians will perform the specified work during **scheduled on-site visits** throughout the year, supported by **remote phone assistance** for staff control questions or issues.

1. Honeywell Webs Database – Software Updates Included

- Backup all site-specific software (control sequences, graphics, point data, etc.) for secure on- and off-site storage.
- Apply available and applicable **Honeywell Webs software upgrades** up to once per year.
- Maintain integrity of each school's system configuration and ensure version consistency district-wide.

2. Facility Management Systems (Web Supervisors & Network Controllers)

- Verify proper communication between all controllers and the Honeywell Web interface.
- Consult with district representatives to improve control strategies and building operation.
- Review system trends, history logs, and alarms to identify and resolve control issues.
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 - Ensure system backups and control databases remain consistent across all facilities.
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Benefits

- **Protection:** Regular system backups preserve the district's investment in its automation infrastructure.
 - **Comfort:** Control verification reduces the likelihood of heating or cooling disruptions.
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-

Service Frequency

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Initial Desired Payment →			

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Customer Acceptance

Rutt’s Mechanical Services Inc.

_____ Printed

_____ Printed

_____ Signed

_____ Signed

_____ Date

_____ Date

_____ Purchase Order



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Terms & Conditions

ADDITIONAL TERMS AND CONDITIONS

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3. **Credit Approval.** This Agreement is subject to credit approval by Company. If the Company does not approve Your credit, or if the Company disapproves Your credit at any time during performance of the Services, Company may (in Company's sole discretion, and at Company's option), terminate this Agreement upon notice to You, delay or suspend performance of the Services without any liability, attempt to renegotiate any terms or conditions of this Agreement as Company may determine, and/or exercise any other rights or remedies available to Company. If Company elects, at any time to terminate this Agreement, then the Agreement shall terminate without any liability to Company and You shall immediately pay Company for Services provided prior to the date of termination along with any other costs or expenses incurred by Company in connection with, or in anticipation of, this Agreement and the Services.
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5. **Taxes.** In addition to Fees, You shall pay Company all taxes and similar amounts or charges payable by the Company in connection with the Services and this Agreement.
6. **Payment.** Unless otherwise specifically stated elsewhere in this Agreement, all payments (including Fees and taxes) are due immediately upon receipt of an invoice or similar document from Company. If payment is not made when due, Company's remedies shall include, but not be limited to: (a) the assessment of a late charge of two percent (2%) per month, or the highest rate permitted by law, whichever is less; (b) suspension of the Services until all payments due have been made; (c) termination of this Agreement; and/or (d) the filing and enforcement of a construction lien on Your property. You shall pay to Company upon demand all costs (including attorneys' fees) incurred by Company in collecting or attempting to collect amounts due or otherwise enforcing this Agreement.
7. **Warranties.** Company warrants that the Services shall be performed in a workmanlike manner. Except as expressly set forth in this Agreement, Company makes no representations or warranties, express or implied or otherwise incorporated in this Agreement whether by statute, common law or otherwise, including without limitation, with respect to the Services, the quality of the Services, the results of the Services performed, including, without limitation, any warranties as to merchantability or fitness for a particular purpose, any warranties of correctness, completeness or accuracy, as well as any warranties arising from a course of dealing, usage or trade practice.
8. **Cooperation; Access.** You shall cooperate fully with Company to promptly provide any and all information reasonably requested by Company in connection with the performance of the Services. You shall provide Company with access to your property (and any other necessary premises), and provide Company with access to all required utilities, in order for Company to perform the Services. You shall cooperate with the Company, and provide the Company with such other access, cooperation and materials as the Company may request. Your property and premises shall be safe, shall be a suitable working condition, and shall be in compliance with all applicable laws, rules and regulations. Company may, without limiting any other rights or remedies available to Company, terminate this Agreement or suspend or delay performance of Services if You fail to comply with Your obligations under this Agreement.



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9. **Indemnity; Limitations.** During the course of, and upon and after completion of the Services for any reason whatsoever, You agree to indemnify and hold Company and its members, managers, officers, employees, subcontractors, subsidiaries and affiliates harmless from and against any loss, liability, damage or expense whatsoever (including court costs and reasonable attorneys' fees) incident to any claim, action or proceedings against Company, or any member, manager, officer, employee, subcontractor, subsidiary or affiliate thereof, which arise out of or relate to, directly or indirectly, (a) any of Your actions or omissions that directly or indirectly cause any losses to the Company or that impact the timing, performance or quality of the Services; (b) any inaccurate or incomplete information provided by you to Company; (c) any breach of this Agreement by You; (d) any failure by You to adhere to any guidelines, recommendations or instructions from Company or any manufacturer or third party of any kind relating directly or indirectly to the Services or any equipment or materials used in connection with the Services; or (e) any other actions or omissions by You relating to the Services or this Agreement (including, without limitation, any fraud, negligence or misconduct). Company shall not be liable to You or any third party for any anticipated profits, special, indirect, punitive, incidental, lost profits, business interruption, loss of service, loss of business or consequential damages or penalties of any kind. Company's liability on any claim arising out of or relating to this Agreement or the performance of the Services or a breach of this Agreement shall in no case exceed the price paid by You to Company for the performance of the Services giving rise to the claim. You must commence any action against Company arising out of or relating to this Agreement, including, without limitation, for breach of this Agreement or any warranty associated with the Services, within one (1) year from the date the Services are completed by Company (or the termination of this Agreement, if earlier) or any such claim will be forever barred.
10. **Termination by Company.** Without limiting any other rights or remedies in this Agreement, You acknowledge and agree that Company may terminate this Agreement at any time without liability upon notification to You (in which event, You shall immediately pay Company for Services provided prior to the date of termination).
11. **Force Majeure; Unknown Conditions; Timing.** Company shall be excused from its obligations, and shall not be liable for any damages arising out of any delay or default in the performance of the Services, under this Agreement to the extent that any delay or failure in the performance of such obligations results from any cause beyond its reasonable control, including without limitation, performance by third parties, power failures, acts of God, acts of civil or military authority, embargoes, epidemics, pandemics, war, riots, acts of terrorism, severe weather conditions or labor problems. In the event Company determines that this Agreement cannot be performed as intended by the parties due to structural or other defects or conditions at or around Your property, Company may cancel this Agreement without liability upon notification to You (in which event, You shall immediately pay Company for Services provided prior to the date of termination). Any stated or estimated start date or estimated completion date set forth in this Agreement, if any, are merely estimates and are not a guarantee of performance by any certain date. Company shall not be liable for a failure to perform by or in accordance with any estimated dates, if any, set forth in this Agreement.
12. **Exclusivity.** You acknowledge and agree that Company shall be the sole and exclusive provider to You of the Services and any other services that are substantially similar to the Services, and You covenant and agree not to engage any other person or entity during the term of this Agreement to provide You with any Services which are the same as, or substantially similar to, the Services.
13. **Exclusions.** Without limiting any other rights or remedies of, or protections for the benefit of, Company, You acknowledge and agree that, unless otherwise specifically stated elsewhere in this Agreement, the Services do not include, and Company shall not be responsible for or liable for, any claims, losses, damages or expenses in any way connected with, relating to or arising from, directly or indirectly, any of the following: (a) any guarantee of room conditions or system performance; (b) inspection, maintenance, repair, replacement of or services for: chilled water and condenser water pumps and piping; electrical disconnect switches or circuit breakers; motor starting equipment that is not factory mounted and interconnecting power wiring; recording or portable instruments, gauges or thermometers; non-moving parts or non-maintainable parts of the system, including, but not limited to, storage tanks; pressure vessels, shells, coils, tubes, housings, castings, casings, drain pans, panels, duct work; piping: hydraulic, hydronic, pneumatic, gas, or refrigerant; insulation; pipe covering; refractory material; fuses, unit cabinets; electrical wiring; ductwork or conduit; electrical distribution system; hydronic structural supports and similar items; the appearance of decorative casing or cabinets; damage sustained by other equipment or systems; and/or any failure, misadjustment or design deficiencies in other equipment or systems; (c) damage, repairs or replacement of parts made necessary as a result of electrical power failure, low voltage, burned out main or branch fuses, low water pressure, vandalism, misuse or abuse, wear and tear, end of life failure, water damage, improper operation, unauthorized alteration of equipment, accident, acts or omissions of You or others, damage due to freezing weather, calamity, malicious act, or any force majeure event; (d) any damage or malfunction resulting from vibration, electrolytic action, freezing, contamination, corrosion, erosion, or caused by scale or sludge on internal tubes except where water treatment protection services are provided by Company as part of this Agreement; (e) furnishing any items of equipment, material, or labor/, or performing special tests recommended or required by insurance companies or other third parties; (f) failure or inadequacy of any structure or foundation supporting or surrounding the equipment to be worked on or any portion thereof; (g) building access or alterations that might be necessary to repair or replace Your existing equipment; (h) The normal function of starting and stopping equipment or the opening and closing of valves, dampers or regulators normally installed to protect equipment against damage; (i) valves that are not factory mounted: balance, stop, control, and other valves external to the device; (j) any responsibility for design or redesign of any systems or equipment, obsolescence, safety tests, or removal or reinstallation of valve bodies and dampers; (k) any services, claims, or damages arising out of Your failure to comply with its obligations under this Agreement; (l) Your failure to follow manufacturer recommendations concerning teardown and internal inspection, overhaul and refurbishing of equipment; (m) any claims, damages, losses, or expenses, arising from or related to conditions that existed



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in, on, or upon the premises before the Services are provided, including, without limitation, damages, losses, or expenses involving pre-existing building envelope issues, mechanical issues, plumbing issues, and/or indoor air quality issues involving mold/mould and/or fungi; (n) replacement of refrigerant and other fluids / supplies is excluded, unless replacement of refrigerant or other fluid / supply is expressly stated as included within the Services, in which case replacement shall in no event exceed the stated percentage of rated system charge per year expressly stated in the Services; (o) crane or rigging costs; (p) any Services, claims, or damages arising out of refrigerant not supplied by Company. Further, You acknowledge and agree that You shall be solely and exclusively responsible for: (x) the cost of any additional replacement refrigerant, fluids or other supplies; (y) operation of any equipment; and (z) any claims, damages, losses, or expenses, arising from or related to work done by or services provided by individuals or entities that are not employed by or hired by Company

14. **Miscellaneous.** No provisions of this Agreement will be waived by any party except in writing, no waiver by any party of a breach shall be construed as a waiver of any subsequent breach by the same party. If any provision of this Agreement is held invalid or unenforceable, the remaining provisions and applications of this Agreement shall remain valid and enforceable. This Agreement may be amended or modified only by a written amendment duly signed by each of the parties. The relationship of the parties established by this Agreement is of independent contractors. You may not assign your rights under this Agreement without the prior written consent of Company. This Agreement shall be construed in accordance with the substantive laws of the State or Nebraska. Any controversy or claim arising out of or relating to this Agreement, or any breach thereof, must be brought in the appropriate state or federal courts located in Omaha, Douglas County, Nebraska. You waive any right you may have to a jury trial with respect to any litigation arising under or in connection with this Agreement, regardless of theory of recovery. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original and all of which taken together shall constitute one and the same instrument. This Agreement may be executed and delivered by facsimile transmission, or by .pdf, .tif, .gif, .jpeg or similar attachment to electronic mail shall be treated in all manner and respects as an original executed counterpart and shall be considered to have the same binding legal effect as if it were the original signed version thereof delivered in person.



Mechanical Services, Inc.

Division of Rutt's Heating & AC Inc.

Hastings | Kearney | Lincoln | Columbus

402-463-4853 – www.ruttsh heating.com

Service Agreement



Prepared for:

Waverly Public Schools



Location

School District 145
14511 Heywood/P.O.
Box 426
Waverly, NE 68462



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Eagle Elementary– Spring & Fall

Equipment	QTY	Manufacturer	Model Number	Asset/Serial #
AHU	1	Trane	MCCC	AHU 1
Boilers	2	Reillo	Multiple	EAGLE A&B
Condenser	1	Trane	R-series	Condenser 3
Exhaust Fans	7	Multiple	Multiple	EF 1-7
Package Unit	1	DJ Series	FWB-212/DJ-60-0	
Pumps	4	Multiple	Multiple	Pumps - Quantity 4
Rooftop Unit	2	Trane	YC0241F3VCAB	RTU 1 & 2
Unit Heaters	1	Trane	UH5A****EAATTO0800UE	Unit Heater 2
Unit Heaters	1	Trane	UHSB0601TAA10*****	Unit Heater 1
Water Heater	2		GPDT-50 300	WH 1&2
Rooftop Unit	1	Trane	YSK240A	251010954D
Rooftop Unit	1	Trane	YCD480D	C25B01011
Rooftop Unit	1	Trane	YCD480D	C25B01012
Rooftop Unit	1	Trane	OADG030C1	OA374829-1-1

Hamlow – Spring & Fall

Equipment	QTY	Manufacturer	Model Number	Asset
ERV	1	Renewaite	HE2XRT	ERV 1
ERV	1	Renewaite	HE2XRT	ERV 2
ERV	1	Renewaite	HE2XRT	ERV 3
ERV	1	Renewaite	HE2XRT	ERV 4
ERV	1	Renewaite	HE2XRT	ERV 5
ERV	1	Renewaite	HE2XRT	ERV 6
ERV	1	Renewaite	HE2XRT	ERV 7
ERV	10	Renewaite	HE2XRT	ERV 1-10
Heat Pump	52	Trane	Multiple	Qty of 94
Unit Heaters	8	Trane	UHEC103DACA	Qty of 8
Pumps w/vfds	2	B&G	Series 1510	Qty of 2
Split system	1	Daikin	RK4BNMIVJU	
Packaged Unit	1	McQuay	LGC102SH1G	



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Intermediate – Spring & Fall

Equipment	QTY	Manufacturer	Model Number	Asset
AHU	4	Daikin	FBOU170600960	AHU 1-4
Boiler	2	Aerco	BMK2000	BA 1&2
Chiller	1	Trane	CGAM	AC 1
Energy Revery	1	Daikin	SXA100-MA	ERW 1
Exhaust Fans	5	Greenheck	Multiple	EF 1-5
HW Heater	1	AO Smith	RJA 200	HW 1
HW Heater	1	AO Smith	BTR-200 118	HW 2
In room Cassettes	58	Daikin	Multiple	VRF 1-50 & 1-8
Pumps	4	Taco	Multiple	P 1-4
RTU	1	Engineered Air	FWE313/DJE60/O/M	MZ 1
RTU	1	Trane	YCD151	
RTU	4	Daikin	DPS010AHHG2DC-4	RTU 1-4
RTU	1	Sterling	E1G-RT50A	
Split System	2	Daikin	Multiple	SSIU/OU 1 & 2
Unit Heaters	2	Daikin	UHH33	UH 1&2
VRFO	6	Daikin	Multiple	VRFO 1-6

Middle School – Spring & Fall

Equipment	QTY	Manufacturer	Model Number	Asset
ERV'	10	Multiple	Multiple	ERV 1-10
Exhaust Fans	20	Multiple	Multiple	EF 1-20
Exhaust Fans	4	Northwest Environfan	48F9	CF 1-4
Exhaust Fans	1	Greenheck	GXFD	KH-1
Heat Pump	102	Multiple	Multiple	HP 1-102
HW Heater	3	AO Smith	SUF130400NEA	
Make-up Air Unit	1	Greenheck	GXFD	MAU-1
Pumps	17	Multiple	Multiple	P 1-17
Split System	2	Mitsubishi	PK24FK	SSUI 1 -2
Unit Heaters	4	Bracsh	BYUH54803	UH 1-4



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High School – Spring & Fall

Equipment	QTY	Manufacturer	Model Number	Asset
Air Handling Unit	15	Multiple	Multiple	AHU 1-15
Air Handling Unit		Multiple	Multiple	AHU 17
Condenser	18	Multiple	Multiple	CU 1-18
RTU	1	Trane	OAKD300	
Split System	3	Daikin	Multiple	SSIU/OU 1-3
Boiler/HW Heaters	12	Multiple	Multiple	BLR - Multiple
Unit Heater	3	Trane	Multiple	UH - 1-3
Exhaust Fans	34	Multiple	Multiple	
ERV	2	Loren Cook	ERVr 8500	
Pumps	6			



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Pricing

Term	Annual	Quarterly	Monthly
1/1/2026 -12/31/2026	\$86,397.00	\$21,599.25	\$7,199.75
Initial Desired Payment →			

Customer Preferred Pricing:

Our number #1 priority is you and we are **invested in your success**. All Rutt’s Mechanical Services customers with an active service agreement receive a **10% discount on parts and a \$20 per hour discount on our hourly labor rates**. The discounted normal working hours labor rate is \$160/hr. for the upcoming 2026 year. Preferred pricing can add up to significant savings during the term of your service agreement!

Rutt’s Mechanical Services customers with an active service agreement have access to our services 24 hours a day, 365 days a year. To reach our service department, dial 1 (833) 308-2573.

Exclusions:

1. Any work not specifically listed in the scope of this document is not included.
2. Refrigerant replacement is not included in this proposal.
3. All work to be performed during normal working hours. For the purpose of this document “normal” working hours are defined as 8AM–5PM, Monday–Friday, excluding holidays.
4. See Terms and Conditions on the last 3 pages of this document.
5. Filters materials are excluded from this agreement.

Customer Acceptance

Rutt’s Mechanical Services Inc.

Printed

Printed

Signed

Signed

Date

Date

Purchase Order



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Preventive Maintenance Tasking

Boiler Inspection

- Inspect safety valve.
- Inspect temperature and safety controls including pilot and main gas safeties.
- Inspect piping and connections.
- Inspect gas pressure, gas regulator and gas valve.
- Inspect pilot and main gas ignition and operation.
- Inspect combustion room air intake system.
- Inspect valves & blow down or flush main tank drain.
- Inspect contacts and connections on all controls and tighten as needed.
- Inspect and replace ignition wiring as needed.
- Inspect electrodes and clean as needed.
- Inspect venting.

AHU / Fan Coil Inspection

- Inspect electrical components
- Check glycol concentration if applicable
- Check energy wheel if applicable
- Inspect starters and contact surfaces
- Inspect Coils
- Inspect all belts and sheaves where applicable
- If applicable, lubricate motors/bearings
- Inspect for oil/refrigerant, water leaks
- Inspect cabinetry/hardware conditions
- Inspect structural integrity of unit
- Inspect air filter



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Air Cooled Chiller - Spring

- Review diagnostics
- Verify line voltage
- Visual condenser coil check
- Check compressor / oil heaters
- Verify pump operation and water flows
- Oil level check per circuit
- Measure volts/amps of condenser fan motors
- Check condenser fan/ brackets and bearings
- Check glycol concentration if applicable
- Check pressure drop across heat exchanger
- Refer to maintenance portion of IOM
- Verify sensor readings
- Inspect communication link wiring

Air Cooled Chiller Annual Inspection - Fall

- Review diagnostics
- Verify line voltage
- Electrical inspection
- Meg compressor motor(s)
- Leak check
- Visual condenser coil check
- Condenser fan / motor bearing check
- Evaporator flow switch inspection
- Check for software updates and install
- Check oil / crankcase heaters
- Check glycol concentration if applicable
- Check evaporator heater
- Verify sensor readings

Pump Inspection

- Lubricate pump and motor bearings per manufacturer's recommendations
- Tighten all nuts and bolts
- Inspect motor mounts and vibration pads
- Visually Inspect pump alignment and coupling
- Inspect motor operating conditions
- Inspect electrical connections and contactors
- Inspect hand valves
- Inspect mechanical seal or packing as applicable
- Clean external surfaces if needed
- Inspect suction and discharge pressures
- Lubricate bearings if applicable



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Rooftop Fall:

- Perform electrical inspection
- Inspect combustion blower motor bearings
- Inspect combustion blower motor
- Inspect indoor blower motor
- Inspect fan and fan bearings
- Inspect condenser fans
- Inspect crankcase heaters
- Inspect surface igniter
- Inspect door gaskets
- Inspect belts and sheaves
- Lubricate motors/bearings
- Inspect for leaks
- Inspect unit general condition
- Check gas pressure, if applicable
- Check electric heating element if applicable
- Check combustion if applicable
- Check proper operation of economizer
- Inspect air filters
- Inspect VFD if applicable

Rooftop Spring:

- Inspect electrical components
- Inspect starters and contact surfaces
- Check crankcase heaters
- Check oil levels
- Check condenser motor bearings, fans/brackets
- Check heat exchanger
- Inspect coils
- Lubricate bearings if applicable
- Inspect general cabinet condition
- Inspect VFD
- Check air filters
- Check drain pan and condensate trap
- Inspect for refrigerant leaks
- Refer to IOM maintenance section



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Exhaust Fan Inspection

Check blade pitch operation where applicable
 Check rotary union where applicable
 Lube spider hub assembly where applicable
 Lube fan and motor bearings
 Check belts & sheaves - adjust as applicable- change as needed
 Tighten all nuts/bolts/mounting hardware
 Check motor mounts and vibration pads
 Check motor volts/amps
 Check and tighten all electrical connections
 Lube/adjust associated dampers
 Check fan operation
 Check structural integrity of assembly

Water Source Heat Pump Spring / Fall Inspection

Inspect operation of reversing valve
 Inspect condenser loop strainer where applicable
 Inspect defrost cycle and controls
 Inspect back-up heat source where applicable
 Inspect Electrical components
 Inspect all belts where applicable – Change as needed
 Inspect all safety controls
 If applicable, lubricate motors/bearings
 Inspect for oil/refrigerant leaks
 Inspect cabinetry/hardware conditions
 Inspect structural integrity of unit
 Inspect air filters
 Verify operating temperatures

CGAM Annual

Verify line voltage
 Electrical inspection
 Meg compressor motor(s)
 Leak check
 Visual condenser coil check
 Condenser fan / motor bearing check
 Evaporator flow switch inspection
 Check oil / crankcase heaters
 Manual or electronic log if chiller is running
 Check glycol concentration if applicable
 Check evaporator heater



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Direct Fired Units

- Check belt – Change as needed
- Check blower
- Verify gas pressure
- Check gas safety
- Check flame signals
- Clean burner if required
- Lubricate bearings
- Clean flame rod
- Check electrical connections

ERV Inspection

- Inspect electrical connections
- Check line voltage
- Inspect filters
- Inspect belts, sheave, and motor
- Inspect blower
- Inspect wheel media
- Lubricate bearings
- Inspect damper operation
- Check starter
- Check free stat if applicable

Energy Recovery Wheels – Enthalpy

- Inspect and verify no damage to media
- Inspect media cleanliness
- Verify belt is installed and not worn
- Motor is running at or below FLA
- Diameter seals are properly set and secured
- Media segments are seated flat in the wheel
- All segment retaining latches are closed and secured

Split System Maintenance

- Inspect air filter
- Inspect coils
- Inspect refrigerant lines for wear or leaks
- Inspect and clean drain line
- Perform electrical inspection

VFD Inspection

- Check input line voltage
- Confirm input line voltage is balance within 3%
- Check full load amps in drive and bypass if applicable
- Exercise safety circuit to ensure unit stops running



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VRF Cassette Inspection

Inspect electrical wiring and connections

Check for leaks

Clean drain

Inspect Filter

VRF Ducted Cassette Inspection

Inspect electrical wiring and connections

Check for leaks

Clean drain

Inspect Filter

Unit Heaters

Inspect heater for any signs of physical damage, corrosion, or leaks.

Clean coils, and fan blades, to remove dust and debris

Lubricate the fan motor and other moving parts as recommended by the manufacturer.

Inspect the electrical components, including wiring and connections

Test the unit heater's operation by turning it on and checking for proper heating and airflow



Terms & Conditions

ADDITIONAL TERMS AND CONDITIONS

1. **Services.** Subject to the terms and conditions set forth in the Agreement (as defined below), the counterparty identified in this Agreement (“You”) engage **RUTT'S HEATING AND AIR CONDITIONING, INC.** (“Company”) to provide, and the Company agrees to provide to You, only those services specifically described in this Agreement (“Services”).
2. **Complete Agreement.** These additional terms and conditions are incorporated by reference into, and form an integral component of, the proposal, documentation or agreement provided to You by the Company (these additional terms and conditions, together with the proposal, documentation or agreement provided to You by the Company being, collectively, the “Agreement”). Company’s agreement to perform the Services is expressly conditioned on Your agreement with and acceptance of the express terms and conditions in this Agreement, as evidenced by your acceptance or signature of the Agreement. Neither this Agreement nor Your acceptance shall be deemed to include any additional or different terms proposed by You whether communicated orally or in writing that may add to, vary from or conflict with the terms of this Agreement, and Company expressly objects to any term or condition that may add to, vary from or conflict with the terms of this Agreement. You and Company shall mutually agree in writing upon any adjustment or change to the terms of the Services or this Agreement. Company shall not be responsible for any services or work not specifically listed in this Agreement.
3. **Credit Approval.** This Agreement is subject to credit approval by Company. If the Company does not approve Your credit, or if the Company disapproves Your credit at any time during performance of the Services, Company may (in Company’s sole discretion, and at Company’s option), terminate this Agreement upon notice to You, delay or suspend performance of the Services without any liability, attempt to renegotiate any terms or conditions of this Agreement as Company may determine, and/or exercise any other rights or remedies available to Company. If Company elects, at any time to terminate this Agreement, then the Agreement shall terminate without any liability to Company and You shall immediately pay Company for Services provided prior to the date of termination along with any other costs or expenses incurred by Company in connection with, or in anticipation of, this Agreement and the Services.
4. **Fees.** You shall pay Company all fees, costs, charges, expenses and other amounts (“Fees”) set forth in or contemplated in this Agreement. Unless otherwise specifically stated elsewhere in this Agreement, all Fees are calculated and determined based on Services being performed on business days and during normal business hours. Services performed on days other than business days and Services performed outside of normal business hours shall be performed at Company’s then-current overtime, holiday, weekend, evening or other applicable rates (as the same may be adjusted from time to time).
5. **Taxes.** In addition to Fees, You shall pay Company all taxes and similar amounts or charges payable by the Company in connection with the Services and this Agreement.
6. **Payment.** Unless otherwise specifically stated elsewhere in this Agreement, all payments (including Fees and taxes) are due immediately upon receipt of an invoice or similar document from Company. If payment is not made when due, Company’s remedies shall include, but not be limited to: (a) the assessment of a late charge of two percent (2%) per month, or the highest rate permitted by law, whichever is less; (b) suspension of the Services until all payments due have been made; (c) termination of this Agreement; and/or (d) the filing and enforcement of a construction lien on Your property. You shall pay to Company upon demand all costs (including attorneys’ fees) incurred by Company in collecting or attempting to collect amounts due or otherwise enforcing this Agreement.
7. **Warranties.** Company warrants that the Services shall be performed in a workmanlike manner. Except as expressly set forth in this Agreement, Company makes no representations or warranties, express or implied or otherwise incorporated in this Agreement whether by statute, common law or otherwise, including without limitation, with respect to the Services, the quality of the Services, the results of the Services performed, including, without limitation, any warranties as to merchantability or fitness for a particular purpose, any warranties of correctness, completeness or accuracy, as well as any warranties arising from a course of dealing, usage or trade practice.
8. **Cooperation; Access.** You shall cooperate fully with Company to promptly provide any and all information reasonably requested by Company in connection with the performance of the Services. You shall provide Company with access to your property (and any other necessary premises), and provide Company with access to all required utilities, in order for Company to perform the Services. You shall cooperate with the Company, and provide the Company with such other access, cooperation and materials as the Company may request. Your property and premises shall be safe, shall be a suitable working condition, and shall be in compliance with all applicable laws, rules and regulations. Company may, without limiting any other rights or remedies available to Company, terminate this Agreement or suspend or delay performance of Services if You fail to comply with Your obligations under this Agreement.



9. **Indemnity; Limitations.** During the course of, and upon and after completion of the Services for any reason whatsoever, You agree to indemnify and hold Company and its members, managers, officers, employees, subcontractors, subsidiaries and affiliates harmless from and against any loss, liability, damage or expense whatsoever (including court costs and reasonable attorneys' fees) incident to any claim, action or proceedings against Company, or any member, manager, officer, employee, subcontractor, subsidiary or affiliate thereof, which arise out of or relate to, directly or indirectly, (a) any of Your actions or omissions that directly or indirectly cause any losses to the Company or that impact the timing, performance or quality of the Services; (b) any inaccurate or incomplete information provided by you to Company; (c) any breach of this Agreement by You; (d) any failure by You to adhere to any guidelines, recommendations or instructions from Company or any manufacturer or third party of any kind relating directly or indirectly to the Services or any equipment or materials used in connection with the Services; or (e) any other actions or omissions by You relating to the Services or this Agreement (including, without limitation, any fraud, negligence or misconduct). Company shall not be liable to You or any third party for any anticipated profits, special, indirect, punitive, incidental, lost profits, business interruption, loss of service, loss of business or consequential damages or penalties of any kind. Company's liability on any claim arising out of or relating to this Agreement or the performance of the Services or a breach of this Agreement shall in no case exceed the price paid by You to Company for the performance of the Services giving rise to the claim. You must commence any action against Company arising out of or relating to this Agreement, including, without limitation, for breach of this Agreement or any warranty associated with the Services, within one (1) year from the date the Services are completed by Company (or the termination of this Agreement, if earlier) or any such claim will be forever barred.
10. **Termination by Company.** Without limiting any other rights or remedies in this Agreement, You acknowledge and agree that Company may terminate this Agreement at any time without liability upon notification to You (in which event, You shall immediately pay Company for Services provided prior to the date of termination).
11. **Force Majeure; Unknown Conditions; Timing.** Company shall be excused from its obligations, and shall not be liable for any damages arising out of any delay or default in the performance of the Services, under this Agreement to the extent that any delay or failure in the performance of such obligations results from any cause beyond its reasonable control, including without limitation, performance by third parties, power failures, acts of God, acts of civil or military authority, embargoes, epidemics, pandemics, war, riots, acts of terrorism, severe weather conditions or labor problems. In the event Company determines that this Agreement cannot be performed as intended by the parties due to structural or other defects or conditions at or around Your property, Company may cancel this Agreement without liability upon notification to You (in which event, You shall immediately pay Company for Services provided prior to the date of termination). Any stated or estimated start date or estimated completion date set forth in this Agreement, if any, are merely estimates and are not a guarantee of performance by any certain date. Company shall not be liable for a failure to perform by or in accordance with any estimated dates, if any, set forth in this Agreement.
12. **Exclusivity.** You acknowledge and agree that Company shall be the sole and exclusive provider to You of the Services and any other services that are substantially similar to the Services, and You covenant and agree not to engage any other person or entity during the term of this Agreement to provide You with any Services which are the same as, or substantially similar to, the Services.
13. **Exclusions.** Without limiting any other rights or remedies of, or protections for the benefit of, Company, You acknowledge and agree that, unless otherwise specifically stated elsewhere in this Agreement, the Services do not include, and Company shall not be responsible for or liable for, any claims, losses, damages or expenses in any way connected with, relating to or arising from, directly or indirectly, any of the following: (a) any guarantee of room conditions or system performance; (b) inspection, maintenance, repair, replacement of or services for: chilled water and condenser water pumps and piping; electrical disconnect switches or circuit breakers; motor starting equipment that is not factory mounted and interconnecting power wiring; recording or portable instruments, gauges or thermometers; non-moving parts or non-maintainable parts of the system, including, but not limited to, storage tanks; pressure vessels, shells, coils, tubes, housings, castings, casings, drain pans, panels, duct work; piping: hydraulic, hydronic, pneumatic, gas, or refrigerant; insulation; pipe covering; refractory material; fuses, unit cabinets; electrical wiring; ductwork or conduit; electrical distribution system; hydronic structural supports and similar items; the appearance of decorative casing or cabinets; damage sustained by other equipment or systems; and/or any failure, misadjustment or design deficiencies in other equipment or systems; (c) damage, repairs or replacement of parts made necessary as a result of electrical power failure, low voltage, burned out main or branch fuses, low water pressure, vandalism, misuse or abuse, wear and tear, end of life failure, water damage, improper operation, unauthorized alteration of equipment, accident, acts or omissions of You or others, damage due to freezing weather, calamity, malicious act, or any force majeure event; (d) any damage or malfunction resulting from vibration, electrolytic action, freezing, contamination, corrosion, erosion, or caused by scale or sludge on internal tubes except where water treatment protection services are provided by Company as part of this Agreement; (e) furnishing any items of equipment, material, or labor/, or performing special tests recommended or required by insurance companies or other third parties; (f) failure or inadequacy of any structure or foundation supporting or surrounding the equipment to be worked on or any portion thereof; (g) building access or alterations that might be necessary to repair or replace Your existing equipment; (h) The normal function of starting and stopping equipment or the opening and closing of valves, dampers or regulators normally installed to protect equipment against damage; (i) valves that are not factory mounted: balance, stop, control, and other valves external to the device; (j) any responsibility for design or redesign of any systems or equipment, obsolescence, safety tests, or removal or reinstallation of valve bodies and dampers; (k) any services, claims, or damages arising out of Your failure to comply with its obligations under this Agreement; (l) Your failure to follow manufacturer recommendations concerning teardown and internal inspection, overhaul and refurbishing of equipment; (m) any claims, damages, losses, or expenses, arising from or related to conditions that existed



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in, on, or upon the premises before the Services are provided, including, without limitation, damages, losses, or expenses involving pre-existing building envelope issues, mechanical issues, plumbing issues, and/or indoor air quality issues involving mold/mould and/or fungi; (n) replacement of refrigerant and other fluids / supplies is excluded, unless replacement of refrigerant or other fluid / supply is expressly stated as included within the Services, in which case replacement shall in no event exceed the stated percentage of rated system charge per year expressly stated in the Services; (o) crane or rigging costs; (p) any Services, claims, or damages arising out of refrigerant not supplied by Company. Further, You acknowledge and agree that You shall be solely and exclusively responsible for: (x) the cost of any additional replacement refrigerant, fluids or other supplies; (y) operation of any equipment; and (z) any claims, damages, losses, or expenses, arising from or related to work done by or services provided by individuals or entities that are not employed by or hired by Company

14. **Miscellaneous.** No provisions of this Agreement will be waived by any party except in writing, no waiver by any party of a breach shall be construed as a waiver of any subsequent breach by the same party. If any provision of this Agreement is held invalid or unenforceable, the remaining provisions and applications of this Agreement shall remain valid and enforceable. This Agreement may be amended or modified only by a written amendment duly signed by each of the parties. The relationship of the parties established by this Agreement is of independent contractors. You may not assign your rights under this Agreement without the prior written consent of Company. This Agreement shall be construed in accordance with the substantive laws of the State or Nebraska. Any controversy or claim arising out of or relating to this Agreement, or any breach thereof, must be brought in the appropriate state or federal courts located in Omaha, Douglas County, Nebraska. You waive any right you may have to a jury trial with respect to any litigation arising under or in connection with this Agreement, regardless of theory of recovery. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original and all of which taken together shall constitute one and the same instrument. This Agreement may be executed and delivered by facsimile transmission, or by .pdf, .tif, .gif, .jpeg or similar attachment to electronic mail shall be treated in all manner and respects as an original executed counterpart and shall be considered to have the same binding legal effect as if it were the original signed version thereof delivered in person.

Out of State Student Trip Request - HAL 2026

In accordance with Board Policy #6645, students traveling out of state for school-sponsored events must be approved by the Board of Education. Prior to receiving approval to attend a camp, clinic, or national conference, please complete and submit the following information to the Activities Director.

Sport/Organization: High Ability Learners

Location Desired: Washington, DC

Date(s) Attending: February 14-17, 2026

Purpose of attending Event: (How is this more beneficial than attending in-state camps, clinics, or conferences?)

- The HAL program has enjoyed great engagement and success over the last five years. One of the highlights has been the Future Cities competition, which has taken District 145 students to Washington D.C. for the national competition! In continuing that great tradition, we are looking for approval to take national qualifiers back to Washington D.C. to compete in the 2026 Future Cities competition from February 14-17.

Transportation Plan:

- District transportation will provide transport of students and sponsor to/from the Omaha airport.
- Lodging is connected to/near the event site, so transportation in DC consists of walking.
- Transportation to/from airport to host hotel/venue will be reimbursed by District 145 upon receipt.

Cost of Trip:

School District #145:

- Uber/transportation to/from airport to the host venue/hotel for team, sponsor.
- Daily stipend or reimbursement for sponsor meals (per diem of \$50 to cover 3 meals/day in Washington DC), to come from travel account within HAL budget.

Individual Student:

- Meals and entertainment outside of the event

How will the trip be financed?

- DiscoverE (Future City organization) covers the registration/lodging/airfare of 3 official team members, sponsor, and mentor.
- HDR Omaha covers the lodging/airfare for the 4th/5th student team member(s), as well as the shipping fee for the final project.
- Entertainment, family transportation/airfare, and admission fees for competition are at the expense of individual families.

Special Requests to be provided by District #145:

INTERLOCAL AGREEMENT FOR THE USE OF LAWSON PARK FIELD

This INTERLOCAL AGREEMENT is made on this 15th day of December 2025, by and between the SCHOOL DISTRICT #145("School District") and the CITY OF WAVERLY ("City"), collectively referred to in this Agreement as the "Parties."

RECITALS

- A. Property. The City owns Lawson Park which includes public restrooms, fenced ball fields, dugouts, bleachers, bullpens, batting cages, scoreboards, garbage containers, field lighting, concession stand, and parking areas, collectively referred to as the "Park." The City makes this property available for use by the community, including the School District.
- B. Need. The School District has a determined that it has a need for fenced ball fields, public restrooms, dugouts, bleachers, bullpens, batting cages, scoreboards, garbage containers, field lighting, concession stand, and parking areas for baseball games and practices.
- C. Two-Party Agreement. The School District and the City have mutually determined that Lawson Park Field #1 can be used by the School District for both practices and games. Other areas may be utilized depending upon availability and fees will be applied accordingly. Under no circumstances can the facility be sub-leased at any time.
- D. Authorization. The Board of Education of the School District and the City Council of the City have authorized and directed their respective representative to enter into the Agreement.
- E. Agreement. The School District and the City therefore enter into this Agreement.

GENERAL TERMS

1. Authority. This Agreement, authorized by Inter-local Cooperation Act, Neb. Rev. Stat 13-801 et seq. (Reissue 2012); which allows local governmental units to make the most efficient use of their powers by cooperation with other localities on a basis of mutual advantage and thereby providing services and facilities in a manner and pursuant to forms of governmental organization that will accord best with geographic, economic, population and other factors influencing the needs and development of local communities. This Agreement is binding upon and shall insure to the benefit of the successors and assigns of the Parties to this Agreement.
2. Duration. The Term of this Agreement will begin the Monday of Week 31 based on the Nebraska School Activities Association (NSAA) calendar and run through the end of the high school baseball season. The Agreement shall be reviewed annually between both parties for changes or edits.
3. Purpose. The Agreement is entered into by the City and the School District for the purpose of authorizing the use of common or shared resources to support, maintain, and continue the development of the Park in the City of Waverly.
4. The Responsibilities of the School District
 - 4.1 The School District shall be responsible for clearing debris (garbage) from the Park grounds and placing it in containers provided by the City resulting from the School District's use for baseball practices and games. The School District is not responsible for cleaning debris (garbage) left by other user groups or individuals.
 - 4.2 The School District shall be responsible for maintaining and caring for the Park. Maintenance of the Park shall consist of the following:

Daily Routine before Practice and Games

- Remove tarps from home plate and pitcher mound areas

- Drag the skinned areas smooth
- Water down the skinned infield (if needed)
- Repair pitching and batter box area with field clay
- Sweep and clean dugouts
- Set the chalk lines and mark officially
- Paint or wash bases, pitching plate and home plate
- Prepare the bullpens
- Prepare the press box and operation of the PA System and Scoreboard
- Check the operation of the electrical equipment in the concession stand
- Dispose of trash found in and around field and bleacher areas

Daily Routine after Practice and Games

- Rework the pitching mound and home plate area and cover areas with tarps
- Remove the bases and cover the base anchor sleeves
- Rake/blow field product out of grass back into the playing surface, along base paths, mound circle, home plate circle, and infield edge
- Repair the bullpen mound and home plate area
- Replace and tamp any loose divots in the turf areas
- Dispose of trash in and around field and bleacher areas and take trash to dumpsters
- Lock all facility gates and doors and turn off lights.

4.3 The School District shall submit baseball practice and game schedules for the Park to the Park and Recreation Director, or his/her designee), fifteen (15) days prior to the first practice. However, the schedule for practices and/or games may be changed on short notice as a result of inclement weather conditions, the needs of the School District, condition of playing surface(s), etc. The School District will attempt to keep changes to a minimum. Said schedules shall include the dates, start and estimated ending times for all practices and game. Further, the City Park and Recreation Director, or his/her designee, shall be notified of any schedule changes as soon as reasonably possible (i.e., rain cancellation, change in site location).

4.4 The School District may be allowed to apply field conditioner and/or top dressing to the playing surface prior to the season beginning and as needed during the season, if first discussed and approved by the City. The School District may use field clay/top dressing for the mound on an only as needed basis that will be jointly discussed between both parties to ensure that excessive amounts of field product is not being applied.

4.5 The School District shall provide adult supervision, including coaches and umpires as appropriate, during all school-sponsored baseball practices and games in the Park. City personnel, unless employed under a separate agreement or volunteering for the School District, will not be utilized for supervision of events.

4.6 At their discretion, the School District may charge admission and sell concessions at the School District's scheduled practices and games in the Park.

4.7 The School District shall inspect the Park prior to each use to insure they are safe for use. The School District will be responsible for repair of damage to the playing surfaces and facilities caused by spectators and/or participants at School District scheduled practices and/or games. Practices and games will not be held in a Park that is not safe.

4.8 The School District shall be responsible for post-game/practice clean up, including removal of equipment and depositing of trash in receptacles provided by the City.

4.9 The School District shall be responsible to report any hazardous conditions or damage requiring repair to the City Park and Recreation Director, or his/her designee, as soon as possible but no later than the beginning of the next business day or remedy such condition or damage prior to use.

5. The Responsibilities of the City

5.1 The City will closely monitor Field 1 during the winter/spring seasons to ensure the field is healthy and suitable for use. The City will notify the School District when Field 1 is in the proper condition to withstand practices and games without significant damage to the grassy areas. Costs to repair damages due to unauthorized use will be charged to the School District.

5.1 The City shall be responsible for inspection, maintenance and care, except as provided for in Section 4, including, inspection of the fields and other areas in the park, normal maintenance and repair, including mowing, edging, weed control, aerating, watering turf, fertilizing, and seeding of the Park and associated facilities, including the playing surfaces, fences and backstops, restrooms, parking surfaces, bleachers, scoreboard(s), etc. In response to the request from the City, the School District may, at its discretion, assist the City with personnel and/or equipment for the above listed maintenance items.

5.2 The City shall ensure that there are garbage receptacles in the park during all periods of use by the School District.

5.3 The City shall provide restrooms in the Park that are available and in usable condition during the School District's scheduled practices and games. The School District is required to monitor cleanliness and restock supplies while hosting tournaments and games.

5.4 The City will make every effort possible to schedule major improvements and repairs to the Park during the off-season to avoid closing the facilities during the School District's scheduled usage. If a field is damaged, the City will examine the field and determine whether or not the field is safe for use. If it is determined the field is unsafe for use, the City will estimate a date and time the field will once again be available and the City will begin and complete repairs agreed to by the City as soon as reasonably possible. The School District shall make the determination whether to cancel or delay games due to weather conditions.

5.5 The City reserves the right to close the Park for any period of time necessary to undertake emergency major repairs if needed. The City will work with the School District to avoid any delay or cancellation of practices or games to the extent possible. In the event it becomes necessary to close the Park, the City will provide as much advance notice as possible and project the date and time the Park will be available to the School District.

5.6 The City will handle changes to the School District's scheduled use to the best of its ability to avoid any conflicts.

6. Joint Responsibility

6.1 The School District and the City agree to work closely and cooperatively to resolve any maintenance, care, or safety issues concerning the Park and to make improvements and expansion to the facilities through grants, donations, etc.

6.2 The School District may provide either funds or materials such as half of the clay, or field conditioner.

6.3 The School District and City will conduct an inspection of the Park immediately concluding the High School Spring baseball season to jointly establish a pre-season work list to be completed prior to the start of the spring sport season. The School District shall be responsible for providing materials in accordance with the provisions of this agreement, or additional materials as jointly agreed upon during the establishment of the above work list.

6.4 The School District and City shall mutually agree to cost share on capital expenditures that cost over one thousand (\$1,000) dollars.

7. Hold Harmless

7.1 The City agrees to hold harmless, indemnify and defend at its expense the School District and its officers, agents and employees, from and against any and all claims, judgments, actions, suits, liability, loss, costs, expenses, or damages arising out of or in any way resulting from negligent acts or omissions of the City, its officers, employees, and /or agents, in the course of its performance under the Agreement.

7.2 The School District agrees to hold harmless, indemnify and defend at its own expense the City and its officers, agents, and employees, from and against any and all claims, judgments, action, suits, liability, loss, costs, expenses, or damages arising out of or in any way resulting from negligent acts or omissions of the School District, its officers, employees, and/or agents, in the course of its performance under this Agreement.

7.3 If any claim, judgment, action, suit, liability, loss, cost, expense, or damage arises out of or results from the joint negligent acts or omissions of both the City and the School District with respect to acts done pursuant to this Agreement, each party shall be responsible for its own share of any resulting liability.

7.4 Both the City and the School District shall carry liability insurance coverage. Each "Party" shall have the other "Party" listed as an additional insured on their insurance policy.

8. User Fee

The School District shall not be responsible for payment of a user fee for use of the Park for the 2026 baseball season. It is the desire of the City of Waverly to cooperate with the School District to utilize dirt from one of their properties for fill dirt on the site of the future Fire Station. The City of Waverly —agrees to waive the \$4,000 field use fee for calendar year 2026 solely for the promise of future cooperation. If no dirt is used, the City will not ask for payment for the 2026 baseball season. Once a determination has been made for quantity of dirt, the City will negotiate with the School District for an exchange of dirt for the fees typically paid for use of Lawson Park Field 1. This will be in effect for baseball seasons 2027 and beyond-in exchange for the School District's ~~provision of dirt for the Firehouse project.~~ The School District and the City of Waverly further agree to meet annually, prior to December 31, to review, discuss, and update the user fee as necessary.

9. Representatives The School District Superintendent, or his/her designee, shall represent the School District and the City Administrator, or his/her designee, shall represent the City on all matters related to this Agreement (hereinafter referred to as the "Representatives").

SCHOOL DISTRICT #145

CITY OF WAVERLY

By: _____

By: _____

DATE: _____

DATE: _____