

Invoice Listing - Detail

Batch Description: MAY BILLS FOR JUNE MEETING

Processing Month: 06/2025

Credit Card Vendor ID:

End of Fiscal Year Expense Invoices:

**Vendor ID: BLOOMNHOU BLOOMN HOUSE**

Description: GRADUATION FLOWERS

Sequence: 1 Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

06 807 000 410 3400 610

GRADUATION FLOWERS

**PO Number: 003417**

**Invoice Number: 4083**

**Amount: 315.00**

Invoice Date: 05/23/2025 Due Date: 05/28/2025 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

315.00

N

**Vendor ID: CASHWADIS CASH-WA DISTRIBUTING**

Description: BREAKFAST/LUNCH GROCERIES

Sequence: 1 Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

05 000 000 910 3100 630

BREAKFAST/LUNCH GROCERIES

05 000 000 910 3100 630

FUEL SURCHARGE

05 000 000 910 3100 630

CREDIT

**PO Number:**

**Invoice Number: 4488718**

**Amount: 510.91**

Invoice Date: 05/20/2025 Due Date: 05/28/2025 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

505.75

N

10.70

N

(5.54)

N

**Vendor ID: COLEPAPER COLE PAPERS INC**

Description: GARBAGE BAGS

Sequence: 1 Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

01 000 000 000 2600 610

LARGE GARBAGE BAGS

01 000 000 000 2600 610

PROCESSING FEE

**PO Number: 003332**

**Invoice Number: 10578152**

**Amount: 65.69**

Invoice Date: 05/20/2025 Due Date: 05/28/2025 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

58.69

N

7.00

N

**Vendor ID: COLEPAPER COLE PAPERS INC**

Description: NITRILE GLOVES - SCIENCE

Sequence: 1 Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

01 000 004 140 1000 610

NITRILE GLOVES - SCIENCE

01 000 004 140 1000 610

PROCESSING FEE

**PO Number: 250050**

**Invoice Number: 10579477**

**Amount: 213.08**

Invoice Date: 05/20/2025 Due Date: 05/28/2025 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

206.08

N

7.00

N

**Vendor ID: CREA CREA**

Description: CREA SERVICES

Sequence: 1 Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

01 000 000 000 2310 330

BD 11.25 HR @ \$94/HR

01 000 000 000 2310 330

KD 38.75 HR @ \$94/HR

**PO Number:**

**Invoice Number: 2425-0550**

**Amount: 4,700.00**

Invoice Date: 05/15/2025 Due Date: 05/28/2025 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

1,057.50

N

3,642.50

N

**Vendor ID: CREA CREA**

Description: CONTRACT FOR SERVICES

Sequence: 1 Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

01 000 002 120 2120 320

COUNSELING SERVICES

**PO Number:**

**Invoice Number: 2425-0570**

**Amount: 29,700.00**

Invoice Date: 05/20/2025 Due Date: 05/28/2025 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

29,700.00

N

**Vendor ID: DELLOMAS1 DELLOMAS, NINO**

Description: CONCERT SUPPLIES

Sequence: 1 Check Type:

Checking Account ID:

**PO Number:**

**Invoice Number: 051625**

**Amount: 267.21**

Invoice Date: 05/16/2025 Due Date: 05/28/2025 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

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>  |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------|--------------------------------|---------------------------|------------------------|-----------------|
| 06 810 000 410 3400 610                                 | DOLLAR TREE                             |                                                                                     | 54.00                          |                           | N                      |                 |
| 06 810 000 410 3400 610                                 | JW PEPPER - MUSIC                       |                                                                                     | 63.30                          |                           | N                      |                 |
| 06 810 000 410 3400 610                                 | WALMART                                 |                                                                                     | 44.05                          |                           | N                      |                 |
| 06 810 000 410 3400 610                                 | DOLLAR TREE                             |                                                                                     | 105.86                         |                           | N                      |                 |
| <b>Vendor ID: ECOLABPEST    EcoLab Pest Elimination</b> |                                         |                                                                                     |                                |                           |                        |                 |
| Description: PEST AND RODENT CONTROL                    |                                         | <b>PO Number:</b>                                                                   | <b>Invoice Number: 8141135</b> |                           | <b>Amount:</b>         | <b>300.00</b>   |
| Sequence: 1    Check Type:                              |                                         | Invoice Date: 05/27/2025    Due Date: 05/29/2025    Status: A    1099 Amount: 0.00  |                                |                           |                        |                 |
| 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> | <u>Asset/Asset Tag</u> | <u>In Full</u>  |
| 01 003 000 000 2600 610                                 | PEST AND RODENT CONTROL                 |                                                                                     | 300.00                         |                           | N                      |                 |
| <b>Vendor ID: ELLIOTTABD    ELLIOTT AND MCMAHON LLC</b> |                                         |                                                                                     |                                |                           |                        |                 |
| Description: ND BE LEGENDARY COACHING                   |                                         | <b>PO Number:</b>                                                                   | <b>Invoice Number: 1491A</b>   |                           | <b>Amount:</b>         | <b>1,000.00</b> |
| Sequence: 1    Check Type:                              |                                         | Invoice Date: 06/01/2025    Due Date: 05/28/2025    Status: A    1099 Amount: 0.00  |                                |                           |                        |                 |
| 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> | <u>Asset/Asset Tag</u> | <u>In Full</u>  |
| 01 200 000 000 2310 330                                 | BE LEGENDARY COACHING SERVICES          |                                                                                     | 1,000.00                       |                           | N                      |                 |
| <b>Vendor ID: FITTERERA    FITTERER ALICE</b>           |                                         |                                                                                     |                                |                           |                        |                 |
| Description: EDUCATION TRAINING                         |                                         | <b>PO Number:</b>                                                                   | <b>Invoice Number: 31325</b>   |                           | <b>Amount:</b>         | <b>50.00</b>    |
| Sequence: 1    Check Type:                              |                                         | Invoice Date: 03/13/2025    Due Date: 05/28/2025    Status: A    1099 Amount: 50.00 |                                |                           |                        |                 |
| 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> | <u>Asset/Asset Tag</u> | <u>In Full</u>  |
| 01 000 004 140 1000 610                                 | EDUCATION TRAINING - STUDENT ENGAGEMENT |                                                                                     | 50.00                          | 50.00                     | N                      |                 |
| <b>Vendor ID: SEASONSTR    FOUR SEASONS TROPHIES</b>    |                                         |                                                                                     |                                |                           |                        |                 |
| Description: FBLA PLAQUE                                |                                         | <b>PO Number:</b>                                                                   | <b>Invoice Number: 6484</b>    |                           | <b>Amount:</b>         | <b>34.44</b>    |
| Sequence: 1    Check Type:                              |                                         | Invoice Date: 05/19/2025    Due Date: 05/28/2025    Status: A    1099 Amount: 0.00  |                                |                           |                        |                 |
| 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> | <u>Asset/Asset Tag</u> | <u>In Full</u>  |
| 06 809 000 410 3400 610                                 | FBLA PLAQUE                             |                                                                                     | 34.44                          |                           | N                      |                 |
| <b>Vendor ID: KREIN2    Krein, MCKENZI</b>              |                                         |                                                                                     |                                |                           |                        |                 |
| Description: FLOWER BEDS                                |                                         | <b>PO Number:</b>                                                                   | <b>Invoice Number: 052725</b>  |                           | <b>Amount:</b>         | <b>178.21</b>   |
| Sequence: 1    Check Type:                              |                                         | Invoice Date: 05/27/2025    Due Date: 05/28/2025    Status: A    1099 Amount: 0.00  |                                |                           |                        |                 |
| 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> | <u>Asset/Asset Tag</u> | <u>In Full</u>  |
| 01 003 000 000 2600 610                                 | FLOWER BEDS                             |                                                                                     | 178.21                         |                           | N                      |                 |
| <b>Vendor ID: MIDDAKOTAW    MIDDAKOTA WHEEL</b>         |                                         |                                                                                     |                                |                           |                        |                 |
| Description: WHEEL ALIGNMENT BEARCAT E                  |                                         | <b>PO Number:</b>                                                                   | <b>Invoice Number: 64991</b>   |                           | <b>Amount:</b>         | <b>223.56</b>   |
| Sequence: 1    Check Type:                              |                                         | Invoice Date: 05/19/2025    Due Date: 05/28/2025    Status: A    1099 Amount: 0.00  |                                |                           |                        |                 |
| 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> | <u>Asset/Asset Tag</u> | <u>In Full</u>  |
| 01 000 000 000 2700 430                                 | ALIGNMENT                               |                                                                                     | 120.00                         |                           | N                      |                 |
| 01 000 000 000 2700 430                                 | CORRECT CASTER                          |                                                                                     | 96.00                          |                           | N                      |                 |
| 01 000 000 000 2700 430                                 | SHOP SUPPLIES                           |                                                                                     | 7.56                           |                           | N                      |                 |

Invoice Listing - Detail

|                                   |                                     |                          |                                 |                           |                        |
|-----------------------------------|-------------------------------------|--------------------------|---------------------------------|---------------------------|------------------------|
| <b>Vendor ID: MORTONSIO</b>       | <b>MORTON-SIOUX SP</b>              | <b>PO Number:</b>        | <b>Invoice Number: 512503</b>   | <b>Amount:</b>            | <b>654.00</b>          |
| Description: SPEECH/OT SERVICES   |                                     | Invoice Date: 05/28/2025 | Due Date: 05/28/2025            | Status: A                 | 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> | <u>Asset/Asset Tag</u> |
| 01 000 000 200 1000 320           | FINAL OF THREE ASSESSMENTS          |                          | 654.00                          |                           | N                      |
| <b>Vendor ID: PETTYCASH</b>       | <b>PETTY CASH FUND</b>              | <b>PO Number:</b>        | <b>Invoice Number: 052125</b>   | <b>Amount:</b>            | <b>48.50</b>           |
| Description: GRASS SEED           |                                     | Invoice Date: 05/21/2025 | Due Date: 05/28/2025            | Status: A                 | 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> | <u>Asset/Asset Tag</u> |
| 01 003 000 000 2600 610           | GRASS SEED FOR SCHOOL GROUNDS       |                          | 48.50                           |                           | N                      |
| <b>Vendor ID: PETTYCASH</b>       | <b>PETTY CASH FUND</b>              | <b>PO Number:</b>        | <b>Invoice Number: 05282025</b> | <b>Amount:</b>            | <b>6.02</b>            |
| Description: POSTAGE              |                                     | Invoice Date: 05/28/2025 | Due Date: 05/29/2025            | Status: A                 | 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> | <u>Asset/Asset Tag</u> |
| 01 000 000 000 2320 532           | POSTAGE                             |                          | 6.02                            |                           | N                      |
| <b>Vendor ID: SCHNEIDER</b>       | <b>SCHNEIDER TABI</b>               | <b>PO Number:</b>        | <b>Invoice Number: 52125</b>    | <b>Amount:</b>            | <b>174.70</b>          |
| Description: LUNCH BALANCE REFUND |                                     | Invoice Date: 05/21/2025 | Due Date: 05/28/2025            | Status: A                 | 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> | <u>Asset/Asset Tag</u> |
| 05 000 000 910 3100 630           | REIMBURSEMENT FOR LUNCH BALANCE     |                          | 174.70                          |                           | 0.00 N                 |
| <b>Vendor ID: SCHOOLNUT1</b>      | <b>SCHOOL NUTRITION ASSOCIATION</b> | <b>PO Number: 003420</b> | <b>Invoice Number: 717673</b>   | <b>Amount:</b>            | <b>55.25</b>           |
| Description: SCHOOL NUTRITION     |                                     | Invoice Date: 05/29/2025 | Due Date: 05/29/2025            | Status: A                 | 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> | <u>Asset/Asset Tag</u> |
| 05 000 000 910 3100 810           | SCHOOL NUTRITION DUES               |                          | 55.25                           |                           | N                      |
| <b>Vendor ID: SHREDNORTH</b>      | <b>SHRED NORTH DAKOTA</b>           | <b>PO Number:</b>        | <b>Invoice Number: 18121</b>    | <b>Amount:</b>            | <b>53.75</b>           |
| Description: SHRED SERVICES       |                                     | Invoice Date: 05/22/2025 | Due Date: 05/28/2025            | Status: A                 | 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> | <u>Asset/Asset Tag</u> |
| 01 000 000 000 2600 440           | 165 GAL SERIES                      |                          | 53.75                           |                           | N                      |
| <b>Vendor ID: SILBERNAGE</b>      | <b>SILBERNAGEL, NAOMI</b>           | <b>PO Number:</b>        | <b>Invoice Number: 050625</b>   | <b>Amount:</b>            | <b>150.00</b>          |
| Description: EDUCATION TRAINING   |                                     | Invoice Date: 05/06/2025 | Due Date: 05/28/2025            | Status: A                 | 1099 Amount: 150.00    |
| 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> | <u>Asset/Asset Tag</u> |
| 01 000 004 140 1000 610           | EDUCATION TRAINING                  |                          | 150.00                          |                           | 150.00 N               |

|                    |        |               |           |
|--------------------|--------|---------------|-----------|
| Batch 1099 Total:  | 200.00 | Batch Total:  | 38,700.32 |
| Report 1099 Total: | 200.00 | Report Total: | 38,700.32 |