

03/26/24
12:48:24

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

Page: 1 of 1
Report ID: AP100

For Doc # = 64190

* ... Over spent expenditure

Claim	Check	Vendor #/Name/ Invoice #/Inv Date/Description	Document \$/ Line \$	Disc \$	PO #	Fund Org Acct	Object Proj	Cash Account
64190		641 JODY LYNN HICKEY	154.16					
	03/30/24	SUBSTITUTE JUDGE STIPEND	154.16			1000 410360	350	101000
		# of Claims 1	Total: 154.16					