

Accounts Payable

To Be Paid Proof List

User: ablasr
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Description	Amount	Account	Acct Name	Invoice #	Inv Date	Pmt Date
AIM						
046510						
Advance Flex 125 Medical To AIM For 2020	24,083.53	01-000-2058	Flex 125 Medical Care	03272020	3/27/2020	03/27/2020
Total:	24,083.53	*Vendor Total				
Fifth Third Bank						
028450						
Power Condition (2)/ Amazon	58.98	01-430-4411	Office Expenses	DA022020-011/31/2020		03/27/2020
Hard Drive- PD/ Amazon	76.41	01-430-4411	Office Expenses	DA022020-022/6/2020		03/27/2020
Auction Membership/ GoDaddy	4.99	01-430-4799	Misc.	DA022020-032/7/2020		03/27/2020
Memory Card Reader/ Amazon	16.57	01-430-4411	Office Expenses	DA022020-042/9/2020		03/27/2020
Graphics Card- VH/ Amazon	109.99	01-430-4411	Office Expenses	DA022020-052/9/2020		03/27/2020
24" Monitor- PW/ NewEgg	89.99	01-430-4411	Office Expenses	DA022020-062/20/2020		03/27/2020
Hard Drive & Mount- VH/ Amazon	76.97	01-430-4411	Office Expenses	DA022020-072/22/2020		03/27/2020
Total:	433.90	*Vendor Total				
Sun Life Financial						
033620						
Dental Insurance-Admin/ April 2020	267.93	01-430-4136	Dental Insurance	03172020-01 3/17/2020		03/27/2020
Dental Insurance- CommDev/ April 2020	118.43	01-441-4136	Dental Insurance	03172020-02 3/17/2020		03/27/2020
Dental Insurance- PD/ April 2020	844.34	01-440-4136	Dental Insurance	03172020-03 3/17/2020		03/27/2020
Dental Insurance- PW/ April 2020	426.59	01-445-4136	Dental Insurance	03172020-04 3/17/2020		03/27/2020
Dental Insurance- Water/ April 2020	45.74	60-445-4136	Dental Insurance	03172020-05 3/17/2020		03/27/2020
Dental Insurance- Employee/ April 2020	1,948.48	01-000-2054	Insurance Employee Reimburse	03172020-06 3/17/2020		03/27/2020
Total:	3,651.51	*Vendor Total				
Report Total:	28,168.94					