Adding a Reimbursement to Payroll

In CTAS, click on the Accounting tab, Claims icon, and then the Add Claims tab.

Enter the claim number and date. Select the Employee Reimbursement box. Selecting this box will limit the "Pay to the order of" box to only list employees that have been entered in the Payroll module. Regular vendors will not be listed.

Accounting Payro	ll <u>I</u> nvestments	l <u>n</u> debtedness	<u>R</u> eports	Ad <u>m</u> in	<u>E</u> xit			
Receipts Claims Disb	ursements Budget	Cash Chart of Accounts	Vendors					
Claims								8:24 AM
Claims List Add Cla	aims							
* Claim Number	4				Notes			
* Claim Date	12/29/2023		~					
Г	Employee Reimb	ursement			Occurrence Date			
L								
* Pay to the order of			~	New	1			
				Edit	Check Memo			
Address								
* Description						Summary * Total Distributed Difference		\$0.00
Account Distribution	1							
Fund Number	Account Numb	er	Object Code		Program Code	Amount		Debt
*								
Delete Selected Record	s							
							Save C	ancel

With the Employee Reimbursement box checked, a new option will appear below it labeled "Process in Payroll after Approval". When this is checked, the claim will be available in the next few steps of the claim process (Print Claims, Claims List for Appr, and Approve Claims). Once the claim is approved, it will no longer be available to be processed the rest of the way in the claims process in the Claims module. Instead, it will show up when a payroll is created in the Payroll module to be added to the check, the check printed, and posted to disbursements. If you wish to pay an employee but do not want to process it in payroll/don't use the payroll module, leave the Process in Payroll after Approval box unchecked to finish processing that claim in the Claims module with the rest of the vendor claims. This portion of the process is unchanged from previous versions of CTAS.

To have the reimbursement claim added to the payroll check, click the Process in Payroll after Approval box.

Accounting Payro	l <u>I</u> nvestments I <u>n</u> de	ebtedness <u>R</u> eports	Ad <u>m</u> in	<u>E</u> xit			
Receipts Claims Disb	ursements Budget Cash	Chart of Vendors Accounts					
Claims							8:32 AM
/ Claims List / Add Cla	ims						
* Claim Number	4			Notes			
* Claim Date	12/29/2023		~				
	Employee Reimbursem	ent		Occurrence Date	~		
	Process in Payroll after	Approval					
* Pay to the order of			~				
				Check Memo			
Address							
* Description					Summary * Total Distributed Difference		\$0.00
Account Distribution	1						
Fund Number	Account Number	Object Cod	e	Program Code	Amount		Debt
*				-			
Delete Selected Record	S				5	ave <u>C</u>	ancel

With the Employee Reimbursement and Process in Payroll after Approval boxes checked, select the dropdown arrow in the Pay to the order of field. The dropdown will now display active employees from the payroll module. Select the employee associated with the reimbursement. Fill in the remaining claim information and save it.

Accounting	<u>P</u> ayroll	<u>I</u> nvestments	l <u>n</u> debtedness	<u>R</u> eports Ad <u>m</u> i	n <u>E</u> xit						
Receipts Claims	Disburse	ments Budget	Cash Chart of Accounts	Vendors							
Claims											8:37 AM
Claims List Ad	ld Claim	s									
* Claim Nur	mber 4					Notes					
* Claim	Date 1	2/29/2023									
		Employee Rein	hursement			Occurrance Date					
	Ľ	Brococc in Baw	coll after Approval			occurrence bate			×		
	⊻	j Flocess ili Fayi	ion arter Approva						-		
* Pay to the ord	ler of	ohn Doe 1	1			1	1	1 4			
	L	.ast_Name	FirstMiddleNan	ne Address 1	Address 2	City	State	Zip	_		
Ado	dress 📊	Doe 1	John	1 Main St.		Here	MN	1111			
	C	Doe 2	John	2 Main St.		Here	MN	4444			
	C	Doe 3	John	3 Main St.		There	MN	7777		\$	0.00
* Darami	C	oe 4	John	4 Main St.		Here	MN	8888			
Descri		Doe 5	John	5 Main St.		Here	MN	9999			
Account Distribut	tion			1							
Fund Number		Account Num	ber	Object Code	Program C	ode A	Amount			Debt	^
▶ -⊨ 201: Road	and Bri	. 43122: Unpav	ved Streets	300: PROFESSIONAL.						\$0.00	
- 100: Gener	al Fund	41940: Gene	ral Governmen	201: Office Supplies:	•					\$0.00	¥
Delete Selected R	ecords										
									<u>S</u> ave	<u>C</u> ancel	

Once all claims have been entered, click on the Claims List tab. As in the past, all the claims entered will be listed here. An additional column has been added (boxed) that shows which claims were selected as being processed in payroll after approval. Follow the claims process.

Accounting Payroll Investments	I <u>n</u> debtedness <u>R</u> eports Ad <u>m</u> in	<u>E</u> xit		
Receipts Claims Disbursements Budget Cas	sh Chart of Vendors			
	Accounts			
Claims				10:39 AM
Search By	Search by Claim Date			
Claim Date 🗸	08/12/2024	✓ To 06/14/2025 ✓		Search
Date 文 Claim N 文 Vendor 文 Des	 scription マ Amount マ Approved マ	Process in Payrol 🔻 Posted 🛛 🕆 Check Num 🗸	Void 🛛 🐨 Occurrence D 🖓	Claims Processing
▶ = 09/19/20 1 Vendor 1 Payr = 09/19/20 2 Vendor 2 Payr	ment \$80.00 Yes ment 2 \$20.00 Yes	No No No	No No	Diet Claime
+ 09/19/20 3 Vendor 3 Grav	vel \$1,500.00 Yes	No No	No	
-= 09/19/20 4 John Doe 1 Rein	mbursement \$50.00 Yes	Yes	No	Claims List For Appr
				Approve Claims
				Print Checks
				Enter Check #'s
				Post Paid Claims To Disbursements
2) View/Edit 3) Void (Y/N)	4) Delete 5) Ex	port to CSV		

The claims list for approval will include all claims (vendor claims and employee reimbursement claims - both those selected to be processed in payroll and those not selected to be processed in payroll) for the Board to approve.

New Towns	hip			Claims List for A	Approval		7/5/2024
Date Range :	12/1/2023 To 7/5/2	2024					
Date	<u>Vendor</u> New Vendor	Description Vendor	Description Claim # Vendor 3		A ccount #	<u>A ccount Name</u>	<u>Detail</u>
12/29/2023	New venuor	VEHION	J	\$30.00	201-43122-212-	Unp aved Streets	\$50.00
12/29/2023	John Doel	Supplies	4	\$50.00	201-43122-300- 100-41425-201-	Unp aved Streets	\$25.00 \$25.00
12/29/2023	Vendor2	Supplies	5	\$10.00	100-41940-201-	Gen eral Government Buildings and Rant	\$10.00
12/29/2023	Vendor3	Fuel	6	\$100.00	201-43122-212-	Unp aved Streets	\$100.00
Total For Select	ted Claims			\$210.00			\$210.00
_ Ja	hn Doe 1	(it y Council/Town Board			Date	

With board approval, approve the claims in the CTAS program. When printing checks you will notice that only vendor claims and employee claims not to be processed with payroll will be printed. Reimbursement claims that are to be processed with payroll will not be printed. Those claims will be processed in payroll and associated with checks posted from payroll.

After the claim checks have been printed, select the Enter Check #'s button in CTAS. Notice that in this example Claim 4 is not listed, as it is an employee reimbursement and will be processed in payroll.

ter Check Number						
	Person Ve	enfying Claims		Date 07/0	5/2024	
Claim Information						
Claim #	\	Vendor	Total		Check Number	
3	r	New Vendor		5	50.00	
5	\ \	/endor 2		1	10.00	
6	N	/endor 3		10	00.00	
					Save	Cancel

Enter the claim verification, date, check numbers and save. Post the claims to complete the process for these claims.

To complete the employee reimbursement claims that need to be processed in payroll, go to the Payroll Module (Payroll tab, Payroll icon, Add a payroll tab). Fill in the Payroll Period Ending Date, Description, and Check Date and click Save.

😸 ÷							CTAS					-	0	×
Accounting	Payroll	Investments	Indebtedness	<u>R</u> eports	Ad <u>m</u> in	<u>E</u> xit								
	<u> </u>													
Employee P	ayroll Tax Tables													
	Tables													
Payroll														2:49 PM
Payroll Peri	od List 🔰 🗚	d Payroll												
*Payroll Perio	od Ending Dat	12/29/20	23					~	Advanced					
	*Descriptio	Dec payro	il and reimbursem	ients										
	Note	5												
	*Check Dat	12/29/20	23					~						
	Posting Dat	e <not post<="" td=""><td>.ed></td><td></td><td></td><td></td><td></td><td></td><td>Save</td><td>Cancel</td><td></td><td></td><td></td><td></td></not>	.ed>						Save	Cancel				
Last Name		F	irst & Middle Nam	e		Employee #	SSN #		PERA#		Payroll_ID	Payroll Processing		
												Create/Update Payroll Ros	ter	
												Enter Hours/Edit Payroll Cl	ieck	
												View Payroll Register		
												Print Payroll Checks / Pays	ubs	
												Enter Payroll Check Numb	ers	
												Print Payroll Register		
												Net Pay Account Distribution	Report	
												Post Net Pay to Disbursem	ents	

Follow the Payroll Processing steps.

<u>A</u> ccounting <u>P</u> ayroll	Investments Indebtedne	ess <u>R</u> eports	Ad <u>m</u> in <u>E</u> xit		
- A - A - A - A - A - A - A - A - A - A					
Employee Payroll Tax					
Tables					
Payroll	-				9:08 AN
Payroll Period List Ad	d Payroll 4-12/29/2023	×			
*Payroll Period Ending Date	12/29/2023	Adva	nced		
*Description	Dec. payroll and reimburseme	ents			
Notes					
*Check Date	12/29/2023	~			
Posting Date	Not Posted	<u>S</u> ave	<u>C</u> ancel		
Last Name	First & Middle Name	Employee #	SSN #	PERA#	Payroll Processing
					Create/Update Payroll Roster
					Enter Hours/Edit Payroll Check
					View Payroll Register
					Print Payroll Checks / Paystubs
					Enter Payroll Check Numbers
					Print Payroll Register
					Net Pay Account Distribution Report
					Post Net Pay to Disbursements
Edit Check					

With the payroll saved and payroll roster created, select the Enter Hours/Edit Payroll Check button. Notice in the Payroll Check Information box, if an employee is associated with a reimbursement, it will be listed under the Reimbursements heading. In this section there is a column labeled "Process" with a checkbox. If you check the box, the claim will be added to the Reimbursements box on the right (circled) and added into the check total. If the box is not checked, the reimbursements will not be included in this payroll. It will continue to show up in future payrolls.

Payroll Check Inform	ation										
Employee #: 1		Name: John Doe	• 1								
Gross Pay (F3) Ta	axes (F4) Employe	e Deduction (F5)	Employer	r's Share (F6)	Acct. Dist	(F7) Sick	Vacation,C	omp,ESST (F8	3)		
Select an Employee	(Payroll Period End	ing 9/6/2024)						Check Numbe	r:		
Last Name	- F	irst & Middle Nam	ne		Emp	oloyee #			Pay Frequency		
Doe 1	J	ohn			1				Bi-Weekly		
Doe 3	J	onn ohn			2				Bi-Weekly Bi-Weekly		
Gross Pav									Summary		
Name	Reg Hrs Sick Hrs	Vac Hrs	Comp Hrs	ESST Hrs	Holiday Hrs	Amount	Overtime	Gross Pav	Tips	\$	0.00
Rate 1						\$20.000		\$0.00	Regular Pay		\$0.00
_*									Overtime Pay		\$0.00
									Gross Earnings		\$0.00
									Total Deductions		\$0.00
Reimbursements									Net Pay		\$0.00
Claim Date	Process	Description					⊽ Am	ount	EIC Amount	\$	0.00
▶ 9/6/2024		Reimburseme	ent				\$5	0.00	Reimbursements		\$0.00
									Total		\$0.00
									Sav	/e	Close

Enter the employee hours worked and check the process box in the Reimbursement section to process the reimbursement in this payroll.

Payroll Check Inform	nation										
Employee #: 1		1	Name: John Doe	e 1							
Gross Pay (F3)	axes (F4)	Employee	Deduction (F5)	Employer	r's Share (F6)	Acct. Dist	(F7) Sick	Vacation.C	omp.ESST (F	3)	
Select an Employee	(Payroll Pe	riod Endin	g 9/6/2024)	(\			Check Numbe	r:	
Last Name		 Fir 	st & Middle Nan	ne		Emp	loyee #			Pay Frequency	
Doe 1		Jol	n			1				Bi-Weekly	
Doe 2		Jol	าท			2				Bi-Weekly	
Doe 3		Joł	าท			3				Bi-Weekly	
Gross Pay										Summary	
Name	Reg Hrs	Sick Hrs	Vac Hrs	Comp Hrs	ESST Hrs	Holiday Hrs	Amount	Overtime	Gross Pay	Tips	\$0.00
Rate 1	80.00						\$20.000		\$1,600.00	Regular Pay	\$1,600.00
*										Overtime Pay	\$0.00
										Gross Earnings	\$1,600.00
										Total Deductions	\$317.51
Reimbursements										Net Pay	\$1,282.49
Claim Date	Proc	ess	Description					⊽ An	nount	EIC Amount	\$0.00
9/6/2024		M	Reimburseme	ent				\$5	50.00	Reimbursements	\$50.00
										Total	\$1,332.49
										Save	e <u>C</u> lose

To see the detailed account coding behind the reimbursement, select the Acct. Dist (F7) tab. This account coding is filled in based on the coding that was entered on the claim in the Claims module. This is displayed as information only here. To change the coding, go back to the Claims module (Accounting tab, Claims icon, Claim List tab), locate the claim, open it, update the coding and save it.

Payroll Check Information								
Employee #: 1	Na	me: John Doe 1	l	\sim				
Gross Pay (F3) Taxes (I	F4) 🔨 Employee De	eduction (F5)	Employer's Share (F6)	Acct. Dist (F	Sick,Vacation,Com	np.ESST (F8)		
				\sim	Re	emaining Percenta	ge to Distribute	0.000
Payroll Account Distri	ibution							
Fund Number		Account	Number		Object Code		Percent	
🕨 🛥 100: General Fur	nd	41115: 1	Fown Supervisor		100: WAGES AND S	ALARIES (1	1.000	
*								
Employee Claims Dist	ribution							
Fund #	Account #	Object Code		Program Cod	e	Amount		~
100: General Fund	41425: Clerk	201: Office	Supplies: Accessori					\$25.00
201: Road and Bridge	43122: Unpa	300: PROFE	SSIONAL SERVICE					\$25.00
						E.H. C	alara Distributions 1. 11	Claims Mad 1
						Edit Cl	aims Distribution in the	Claims Module
Delete							Caus	Class
Delete							Save	Ciose

Continue with the Payroll process. View the Payroll Register. Notice the reimbursement has been added to the check total.

.23535								Payr	oll Regist	ter - Land	lscap	e						7/22/2024
Payroll	Period Ending	07/01/202	24															
	Employee			1	Hours									Earnin	₿			
ID	Name	Regular	от	Hol	Sick	Vac	Comp	ESST	Regular		от	Tips	Hol	Sic	k Vac	Comp	ES	ST Gross
1	Doe 1,John	80.00	0.00	0.00	0.00	0.00	0.00	0.00	\$ 1,600	.00 \$ 0	0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$1,600.00
2	Doe 2,John	80.00		0.00	0.00	0.00	0.00	0.00	\$ 1,600	.00 s c	0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$1,600.00
3	Doe 3,John	80.00		0.00	0.00	0.00	0.00	0.00	\$ 1,600	.00 s c	0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$1,600.00
TOTALS		240.00	0.00	0.00	0.00	0.00	0.00	0.00	\$ 4,800	00 \$ 0	.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$4,800.00
	Employee				Pretax	Deductio	ns											_
ID	Name	PE	RA	Def. Inc	ome	Ca	afeteria		Other		Taxa	ble Wages	Federal	WHTex	FICA	Medie	rare	State WHTax
1	Doe 1,John	\$ 0	.00	\$ 0.0	0	-	\$ 0.00	-	\$ 0.00		\$1	1,600.00	\$ 115	5.69	\$ 99.20	\$ 23.	20	\$ 79.42
2	Doe 2,John	\$ 0	.00	\$ 0.0	0	5	\$ 0.00		\$ 0.00		\$1	1,600.00	\$ 115	5.69	\$ 99.20	\$ 23.	20	\$ 79.42
3	Doe 3,John	\$ 0	.00	\$ 0.0	0		\$ 0.00		\$ 0.00		\$1	1,600.00	\$ 119	5.69	\$ 99.20	\$ 23.	20	\$ 79.42
TOTALS		\$ 0	.00	0.00)		0.00		0.00		\$4	4,800.00	\$ 347	7.07	\$ 297.60	\$ 69.	50	\$ 238.26
	Employee		Insurance	2	_											_		
ID	Name	Health	Dental	Lif	fe	Union	Other	rs 1	Others 2	Others 3		Net Pay	6	EIC Re	eimbursements	Tota	d.	Check #
	Doe 1,John	\$ 0.00	\$ 0.00	\$ 0.0	00	\$ 0.00	\$ 0.0	00	\$ 0.00	\$ 0.00		\$ 1,282.49	\$1	0.00	\$ 50.00	\$ 1,332	2.49	
	Doe 2,John	\$ 0.00	\$ 0.00	\$ 0.0	00	\$ 0.00	\$ 0.0	00	\$ 0.00	\$ 0.00		\$1,282.49	\$ (0.00	\$ 0.00	\$ 1,282	2.49	
	Doe 3,John	\$ 0.00	\$ 0.00	\$ 0.0	00	\$ 0.00	\$ 0.0	00	\$ 0.00	\$ 0.00		\$1,282.49	\$ (0.00	\$ 0.00	\$ 1,282	2.49	
TOTALS		\$ 0.00	\$ 0.00	\$ 0.00		\$ 0.00	\$ 0.00) \$	0.00	\$ 0.00		\$ 3,897.47	\$ 0.	.00	\$ 50.00	\$ 3,94	7.47	

Print the Paycheck or Stub, reimbursements will now display on these reports.

John Doe 1	
point Doe 1	
· · · · · · · · · · · · · · · · · · ·	

One Thousand Three Hundred Thirty-Two Dollars And Forty-Nine Cents

John Doe 1 1 Main St Here, MN 111111111

hn Doe 1		Рауг	oll End Date: 0	7/01/2024	Check	Date: 07/01	/2024	PayType: Hourly	
	Gross Pay	Social Security	<u>Medicare</u>	Federal Ta	<u>k Stat</u>	<u>e Tax Tota</u>	Deductions	Reimbursement	s Net
Current	\$1,600.00	\$99.20	\$23.20	\$115.69	\$7:	9.42	\$317.51	\$50.00	\$1,332
/earTo Date	\$0.00	\$0.00	\$0.00	\$0.00	\$	0.00	\$0.00	\$50.0	10 \$1,332.
Description	PayRate	Regular Hrs	Sick Hrs Vac	ation Hrs C	omp Hrs	ESST Hrs	Holiday H	<u>is OT</u>	Amou
Rate 1	\$20.00	80.00	0.00	0.00	0.00	0.00	0.0	00	\$1,600.0
m plovee Befor	e-Tax Deductio	005	Employee	After-Tax De	luctions		Employ	er Cont ributions	
Deferred Income	2	\$0.00	Health Ins	urance		\$0.00	Health	Insurance	\$0.0
Cafeteria Plan		\$0.00	Dental Ins	urance		\$0.00	Dental	Insurance	\$0.0
PERA		\$0.00	Life Insura	nœ		\$0.00	Life In:	urance	\$0.0
Oth er Pretax		\$0.00	Union Due:	5		\$0.00	PERA		\$0.0
			OtherAfte	r Tax		\$0.00			
m ployer .2353	35	10	0 Main St. He	re, MN1111	1-1111			(222)	222-2222
Reimbursemer 07/01/202	<u>nts</u> 24	Reimburser	ment						\$50.0
Total									\$50.00
<u>Sick</u>		Vacation		Cor	np		ES	<u>sr</u>	
Beginning	0.00	Beginnin	g 0.00) Be	ginning	0.00	Be	ginning	0.00
	4.00	Accrued	4.00) Acc	rued	4.00	Ad	crued	2.67
Accrued									
Accrued Used	0.00	Used	0.00) Usi	ed	0.00	0:	ed	0.00

Continue to complete the payroll process by entering the check numbers, printing the payroll register and the net pay acct. distribution report, and then post the payroll.

Once the payroll is posted, you will see the claim will now display as posted back in the Claims Module in the Claims List tab (Accounting tab, Claims icon). It will also list the check number that was entered in payroll.

Accounting Payroll Inv	estments l <u>n</u> debtednes	s <u>R</u> eports Ad <u>m</u> in <u>E</u> xit			
	🗳 🚳 🕃	1			
Receipts Claims Disbursements	Budget Cash Chart o	f Vendors			
	Accoun	ts			
Claims					7:48 AM
Claims List Add Claims					
Search By	Search by	Claim Date			
Claim Date	v 06/22/20	24 Y To	07/22/2024	~	
					Search
Date 🛛 Claim No 🦷	Z Vendor IV Descript	ion マ Amount マ Approved ⊽ P	osted 🛛 🛛 Check Number 🖓 Vo	oid	Claims Processing
▶ += 07/01/2024 2	John Doe 1 Reimbur	seme \$50.00 Yes Y	es 10 No		
					Print Claims
					Claims List For Appr
					Approve Claims
					Print Checks
					Enter Check #'s
					Post Paid Claims To Disbursements
2) View/Edit 3)	Void (Y/N)	4) Delete 5) Export to CSV			

The Disbursement List tab in the Disbursements module (Accounting tab, Disbursements icon) will display the entire check amount and the check number as entered in payroll.

Accounting	<u>P</u> ayroll <u>I</u> nvestr	nents l <u>n</u> o	debtedness	<u>R</u> eports	Ad <u>m</u> in	<u>E</u> xit						
Receipts Claims	Disbursements Bu	udget Cash	Chart of V Accounts	/endors								
Disbursements												8:17 AM
Disbursements	List 🔨 Add Disbu	rsement										
Search By		5	Search by Dist	oursement Dat	te							
Disbursement Date	~		06/27/2023			× To	07/22/2024					
						10						<u>S</u> earch
Check Date 🛛 🛛	Check Numb 🔻	Claim Numbe	e 🔻 Vendor M	lame		▼ Descript	ion	♥ Check Total ♥	Void	V	Cleared	V Occurrence D V
▶-□ 07/19/2023	189726	1	Vendor 1			***VOID	\$25000.00***Payment	\$0.00	Yes		No	
407/01/2024	10		Payroll Pe	eriod Ending (07/01/2024	test		\$1,332.49	No		No	
+ 07/01/2024	11		Payroll Pe	eriod Ending (07/01/2024	test		\$1,282.49	No		No	
4 07/01/2024	12		Payroll Pe	eriod Ending (07/01/2024	test		\$1,282.49	No		No	
2) View/Edit	<u>3) Void</u>	I (Y/N)	<u>4)</u> De	elete	<u>5</u>) Exp	ort to CSV	<u>6</u>) Print					

When you View/Edit the disbursement, it will display the account coding detail, which includes the regular payroll and the reimbursement account coding.

Accounting Payroll	Investments Indebtedness	<u>R</u> eports Ad <u>m</u> in <u>E</u> xi	t			
Receipts Claims Disburseme	nts Budget Cash Chart of Ven Accounts	dors				
Disbursements						8:19 AM
Disbursements List V Add	Disbursement 10 ×					
* Check Number 10			Notes			
* Check Date 07	7/01/2024	Cleare	d 🔲			
*Pay to the order of Pa	ayroll Period Ending 07/01/2024	✓ <u>N</u> ew	Occurrence Date		~	
*Description tes	st			Summary * Total	\$1,332.49	
Check Memo				Distributed Difference	\$1,332.49 \$0.00	
Account Distribution						
Fund Number	Account Number	Object Code	Program Code	Amount	Investment ID	Debt ID
🕨 👍 100: General Fund	41115: Town Supervisor	100: WAGES AND S			\$1,282.49	
👍 100: General Fund	41425: Clerk	201: Office Supplies:			\$25.00	
🛥 201: Road and Bridge	43122: Unpaved Streets	300: PROFESSIONA	•		\$25.00	
*						
Delete Selected Records				Print	Save Cancel	