Automatic Supplement

To automatically supplement for unanticipated expenses incurred and reimbursement made to Brookings County.

Department: Community Health
Amount: $339.00
Reason: Reimbursement for double payment
Receipt #: 00515653
Line #: 101-4-421-4350

Department Head Signature

07/14/2020

Date

BROOKINGS CO FINANCE OFFICE

REC#: 00515653 7/14/2020 10:32 AM
OPER: LS TERM: 013
REF#: 14839

TRAN: 400.0000 Misc Receipts
RECEIPT# 2260 office peeps
invoice pd twice
ACCOUNT 1013-3690000 $339.00
MISC OTHER MISCELLANEOUS

TENDERED:	339.00	CHECK
APPLIED:	339.00-	
CHANGE:	0.00	