

VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	AP CHECK	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
21704 ATHENS INSURANCE SERVICE, INC										
REQUEST013		06/26/2023	5268	5268	89,808.57	89,808.57	07/26/2023	DIR	PD	MUNN, JEFFREY - CLAIM#
CHECK DATE: 07/18/2023										
					89,808.57					
1 INVOICES					89,808.57					

** END OF REPORT - Generated by Patricia Mosino **

VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	AP CHECK	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
21704 ATHENS INSURANCE SERVICE, INC										
REQUEST014		06/28/2023	5269	5269	34,936.68	34,936.68	07/28/2023	DIR	PD	FLAMENO, NOEL - CLAIM2
CHECK DATE: 07/18/2023										
					34,936.68					
1 INVOICES					34,936.68					

** END OF REPORT - Generated by Patricia Mosino **