

## CASA Domestic Violence Services

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*Pinellas CARES Nonprofit Partnership Fund*

### ***CASA (Community Action Stops Abuse) Inc.***

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Ms. Lariana Forsythe  
PO Box 414  
Saint Petersburg, FL 33731-0414

lforsythe@casa-stpete.org  
O: 727-895-4912

### ***Dr. Jill Flansburg***

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PO Box 414  
Saint Petersburg, FL 33731-0414

jflansburg@casa-stpete.org  
O: 727-895-4912 x116

# FollowUp Form

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## *Pinellas CARES Nonprofit Partnership Fund*

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### Project Name\*

CASA Domestic Violence Services

### Amount Awarded for Future Programming

\$40,241.00

### Amount Spent - October 25 to 31, 2020\*

How much grant funding was spent between **October 25 and 31, 2020**?

\$0.00

### Amount Spent - October 2020\*

How much grant funding was spent during the **entire month of October 2020**?

\$0.00

### Amount Spent as of October 31, 2020\*

How much of the awarded funding was spent from project inception to October 31, 2020?

\$11,541.00

### Brief Spending Narrative\*

Please briefly explain the spending activities from **October 25 to October 31, 2020**. If you have not expended any funds, please explain why.

**Example:** ABC Charity has only expended \$1,000 this week on program personnel while our food pantry was open. ABC Charity buys its food in bulk on the 15th of every month, and therefore there will be an uptick in expenditure that week.

This report includes documentation for the COVID-related expenses between March and September that were approved for payment. Spending has been outlined with CASA staff, and a request has been put in to ShowTech, our IT outsource, to give us bids on laptops and printers. There will be no October Zoom bill until mid-November.

### Client Story\*

Please give the true story of a client served this month by your programming. You may change identifying details. This allows us to connect to your programming on an emotional level.

There was a single woman served who had previously been to the emergency shelter three times. During this most recent stay, she actively worked on the goals she set with her case manager and was approved to get rent assistance so she could move into her own apartment.

This story illustrates the national average indicating that it takes the average survivor 7 times to leave the abuse before they are successful in reaching independence. This can be confusing to the general public. However, sometimes it is safer for the victim to stay and to make a personal judgment as to when to leave because the abusers often go to extreme measures to make them stay with threats to keep them trapped, to hurt or kill them or kill the kids, that they will win custody of the children, they will harm or kill pets or others, they will ruin their victim financially -- the list goes on. Sometimes, too, the victim doesn't realize how bad it has gotten because they have tolerated it so well for so long.

## *Behavioral Health Metrics*

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### **October 25 to 31, 2020 - Individuals Served - Behavioral Health\***

Please specify the number of individuals that were given behavioral health services between **October 25 and 31, 2020** through this grant funding.

110

### **October Projections - Number Served - Behavioral Health**

This was the number of individuals your organization projected it would serve in **October 2020** through this grant funding.

80

### **October 2020 - Actual Total # Served - Behavioral Health\***

Please specify how many individuals were given behavioral health services in **October 2020** through this grant funding.

116

### **Measurement - Behavioral Health**

This is the measurement that your organization specified it would use to measure progress through this grant.

Our best and most notable output is to provide safety planning for 98% of persons who reach out to us in crisis.

### **October Projections - Progress Rate - Behavioral Health**

This was the estimated progress rate from your application **for October 2020**. This was the projected improvement based on the Measurement from your application, viewable above.

98

### **October 2020 - Actual Progress Rate - Behavioral Health\***

Please specify the ACTUAL progress rate **for October 2020 (in a percentage)** based on the Measurement indicated in your original application.

92

## October 25 to 31, 2020 - ZIP Codes of Individuals Served - Behavioral Health\*

Please SUCCINCTLY describe the ZIP codes of program services and program recipients (if recipient data is available). **These numbers should add up to the number of total individuals served specified above for the week of October 25 to 31, 2020.**

**FOLLOW THE EXAMPLE FORMAT EXACTLY.**

**ZIP CODE: Number served**

### **Example**

Group Therapy (Program Service ZIP Code)  
33705: 15

Telehealth Counseling (Participant ZIP Codes)  
33782: 5  
33764: 3  
33760: 8

33701: 7  
33702: 8  
33703: 2  
33705: 8  
33707: 1  
33708: 2  
33709: 14  
33710: 2  
33711: 4  
33712: 5  
33713: 7  
33714: 5  
33716: 4  
33731: 3  
33755: 3  
33759: 4  
33760: 8  
33763: 1  
33764: 3  
33765: 5  
33771: 1  
33772: 3  
33773: 2  
33776: 1  
33777: 4  
33778: 2  
33781: 6  
33782: 1

## *Advanced Funds - Justification of Expenditures*

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### **Monthly Expense Reporting\***

Please complete the Pinellas CARES Advanced Funds Monthly Expense Reporting worksheet, attach appropriate backup documentation, and **upload as a PDF** here.

If you have a regular reporting/invoicing process, you may use your own similar worksheet, however, for your convenience, we have provided a template you can **DOWNLOAD HERE**.

If you have any notes on this, please put them in the field below.

Oct2020 PCF CARES first invoice signed CASA.pdf

## File Attachment Summary

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### *Applicant File Uploads*

- Oct2020 PCF CARES first invoice signed CASA.pdf

**Pinellas Community Foundation**

**Pinellas CARES Nonprofit Partnership Fund Grant Reimbursement Request**

Organization Name: Community Action Stops Abuse, Inc. (CASA)

Month: Between March and September 2020

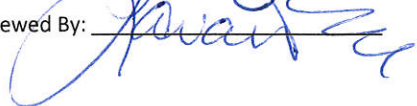
Budget Category/Line Item	Program Budget - Total	Cumulative expenses as of end of Prior Month	Current Month Reimbursement Request	Total Expended to Date
Personnel (provide payroll registers, should include hours worked and rate per hour, and documentation to allocate payroll between CARES Act pay and regular pay)	\$ -	\$ -	\$ -	\$ -
Equipment (provide invoices/receipts and check stubs/credit card statement showing payment)			-	\$ -
Supplies (provide invoices/receipts and check stubs/credit card statement showing payment)			-	\$ -
Occupancy (provide invoices/receipts and check stubs/credit card statement showing payment)			-	\$ -
Local Travel (for mileage use Mileage Reimbursement tab for other local travel expenses provide receipts and check stubs/credit card statements)			-	\$ -
Training (provide invoices/receipts and check stubs/credit card statement showing payment)			-	\$ -
Design, Printing, Marketing & Postage (provide invoices/receipts and check stubs/credit card statement showing payment)			-	\$ -
Capital (provide invoices/receipts and check stubs/credit card statement showing payment - for purchased over \$10,000 provide documentation of 3 quotes)			10,909	\$ 10,909
Purchased Services (provide invoices/receipts and check stubs/credit card statement showing payment)			632	\$ 632
<b>TOTAL</b>	\$ -	\$ -	\$ 11,541	\$ 11,541

**Advanced Funds**

Funds advanced in September	\$ -
Funds advanced in October	-
Funds advanced in November	-
Funds advanced in December	-
Remaining Advanced Funds at the End of Month	<u>\$ 11,541</u>

By signing the reimbursement request you affirm that expenses were to create new programs or expand programs that are necessary to address the COVID-19 pandemic.

Prepared By: Jill Flansburg 

Reviewed By: 

## Capital Expenses

Invoice Date	Invoice #	Vendor	Amount
8/20/2020	15041452	Total Air	\$10,909.00

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\$10,909.00



## Purchased Services Expenses

Invoice Date	Invoice #	Vendor	Amount
Mar thru Aug 2020	various	Zoom	\$631.51

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\$631.51



Total Air, Inc.  
 3100 39th Avenue North  
 St. Petersburg, FL 33714  
 727-822-7700

**BILL TO**

Casa  
 1011 1st Avenue North  
 St. Petersburg, FL 33705 USA

INVOICE  
 15041452

INVOICE DATE  
 Aug 20, 2020

**JOB ADDRESS**

Casa  
 1011 1st Avenue North  
 St. Petersburg, FL 33705 USA

Completed Date: 8/20/2020  
 Technician: Josh Whiteside  
 Technician: Nathan Rambally

**DESCRIPTION OF WORK**

1. Furnish and install one (1) 7.5ton 3-phase Daikin package unit.
2. Furnish and install one (1) 16kw electric heater.
3. Furnish and install one (1) roof curb adapter.
4. Furnish and install one (1) Fresh Air Damper.
5. Furnish and install one (1) digital thermostat.
6. Provide five (5) year factory compressor warranty.
7. Provide one (1) year labor warranty.
8. Perform start up procedures.
9. Includes crane service.
10. All required electrical code. Including disconnect box, conduit and wiring.
11. Permit fees included.
12. All work performed to Local and State Building Code.
13. Contractor will perform it's work in a food and workmanlike manner.

Installed new Daikin 7.5 ton rooftop unit on new curb adapter. Installed new disconnect. Installed heater, and drain line. Started up system and everything is in perfect working condition. Customers very happy so she's looking into finding more money for us to do next unit.

TASK	DESCRIPTION	QTY	PRICE	TOTAL
Equipment	Equipment - Install C: - Install C Install	1.00	\$10,909.00	\$10,909.00

POTENTIAL SAVINGS \$1,090.90  
 SUB-TOTAL \$10,909.00  
 TAX \$0.00

Order #

**PURCHASE / PAYMENT REQUISITION (PPR)**

PPR # 400-0354



P.O. Box 414, St. Petersburg, FL 33731  
727-895-4912  
Tax Exempt # 85-8012639704C-5

Requested by: Tameko

Date: By 20 2020

*Please check appropriate box and provide required back-up documents*

Purchased on:	<input checked="" type="checkbox"/> Vendor Account	Master Card → <input type="checkbox"/>
	or	
	<input checked="" type="checkbox"/> Issue A Check →	Due Date: <u>upon receipt</u>

Approved Total Cost: <u>\$10,909</u>	Deposit or partial payment required <input type="checkbox"/> see reverse (must be completed)
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Vendor: (Company)	<u>Total Air</u>	Contact:
Address:		Phone:
City, State, Zip:		
Options →	<input type="checkbox"/> Mail to vendor or <input type="checkbox"/> Pick up at Admin by whom: _____ (must notify A/P prior) <input type="checkbox"/> Special instructions: _____	

**Approvals**

Approved by:	Approval Date:
Up to \$400.00 Coordinator/Manager	
\$400.01 - \$1500 Department Director	
\$1500.01 - \$2000 Financial Officer	
\$2000.01-\$10,000 or more Chief Executive Officer	<u>8/27/2020</u>
\$10,000.01 or more Board Officer	

**FISCAL OFFICE USE ONLY**

Invoice Total: \$ _____ / Final Department Cost: \$ _____		
Accounting Code: <u>01-57310-10-100-100</u>	Project Code: <u>9999</u>	Amount: <u>\$10,909</u>

Fiscal II Rcv'd on:

revised 9/29/2018



INVOICE

Zoom Video Communications Inc.  
66 Almaden Blvd, 8th Floor  
San Jose, CA 95113  
billing@zoom.us

Invoice Date: 03/18/2020  
Invoice #: INV1885400  
Payment Terms: Due Upon Receipt  
Due Date: 03/16/2020  
Account Number: 51987761  
Currency: USD  
Account Information: Community Action Stops Abuse, Inc.  
PO Box 414,  
St. Petersburg, Florida 33731  
United States  
mforey@casa-stpete.org

Purchase Order #:

TaxExemptCertificateID:

Zoom W-9

CHARGE DETAILS				
Charge Description	Service Period	Subtotal	Tax	TOTAL
<b>Charge Name: Standard Pro Monthly</b> Quantity: 1 Unit Price: \$14.99	03/16/2020-04/15/2020	\$14.99	\$0.00	\$14.99

INVOICE TOTALS	
Subtotal:	\$14.99
Total (Including Tax):	\$14.99
Invoice Balance:	\$0.00

TAX DETAILS				
Charge Name	Tax Name	Jurisdiction	Charge Amount	Tax Amount
			<b>Total Tax</b>	<b>\$0.00</b>

Transaction Details				
Transaction Date	Transaction Number	Transaction Type	Description	Applied Amount
03/16/2020	P-12464042	Payment		(\$14.99)
<b>Invoice Balance</b>				<b>\$0.00</b>

Order #

PPR #

**PURCHASE / PAYMENT REQUISITION (PPR)**



ENTERED MA 3 1 2020

P.O. Box 414, St. Petersburg, FL 33731  
727-895-4912  
Tax Exempt # 85-8012639704C-5

Requested by: Mindy

Date: 3/16/2020

Please check appropriate box and provide required back-up documents

Purchased on:  Vendor Account  Master Card → Mindy  
or  
 Issue A Check → Due Date: 8138

Approved Total Cost: \$ 14.99  Deposit or partial payment required  
 see reverse (must be completed)

Vendor: (Company) Zoom

Contact:  
Phone:

Address:

City, State, Zip:

Options →

- Mail to vendor or
- Pick up at Admin by whom: \_\_\_\_\_ (must notify A/P prior)
- Special instructions:

**Approvals**

Approved by:	Signature:	Approval Date:
Up to \$400.00 Coordinator/Manager		
\$400.01 - \$1500 Department Director		
\$1500.01 - \$2000 Financial Officer	<u>Mindy Jarey</u>	<u>3/16/2020</u>
\$2000.01-\$10,000 or more Chief Executive Officer		
\$10,000.01 or more Board Officer		

**FISCAL OFFICE USE ONLY**

Invoice Total: \$ \_\_\_\_\_ / Final Department Cost: \$ \_\_\_\_\_

Accounting Code:	Project Code:	Amount:
<u>01-57200-10-100-100</u>	<u>—</u>	<u>14.99</u>
	<u>MJ 3/27/2020</u>	

Fiscal II Rcv'd on:

revised 9/29/2018



INVOICE

Zoom Video Communications Inc.  
55 Almaden Blvd, 6th Floor  
San Jose, CA 95113  
billing@zoom.us

Invoice Date: 04/16/2020  
Invoice #: INV15769749  
Payment Terms: Due Upon Receipt  
Due Date: 04/16/2020  
Account Number: 51987781  
Currency: USD  
Account Information: Community Action Stops Abuse, Inc.  
PO Box 414,  
St. Petersburg, Florida 33731  
United States

Purchase Order #:

TaxExemptCertificateID:

mforey@casa-stpete.org

Zoom W-9

CHARGE DETAILS				
Charge Description	Service Period	Subtotal	Tax	TOTAL
Charge Name: Standard Pro Monthly Quantity: 10 Unit Price: \$14.99	04/16/2020-05/15/2020	\$149.90	\$0.00	\$149.90

INVOICE TOTALS	
Subtotal:	\$149.90
Total (Including Tax):	\$149.90
Invoice Balance:	\$0.00

TAX DETAILS				
Charge Name	Tax Name	Jurisdiction	Charge Amount	Tax Amount
			Total Tax	\$0.00

Transaction Details				
Transaction Date	Transaction Number	Transaction Type	Description	Applied Amount
04/16/2020	P-16630163	Payment		(\$149.90)
Invoice Balance:				\$0.00

Order #

PPR #

PURCHASE / PAYMENT REQUISITION (PPR)



P.O. Box 414, St. Petersburg, FL 33731  
727-895-4912  
Tax Exempt # 85-8012639704C-5

Requested by: Mindy

Date: 4/16/2020

Please check appropriate box and provide required back-up documents

Purchased on:  Vendor Account  Master Card  Mindy  
or  
 Issue A Check  Due Date: \_\_\_\_\_

Approved Total Cost: \$ 149.90 Deposit or partial payment required  
 see reverse (must be completed)

Vendor: (Company)	<u>Zoom</u>	Contact:
Address:		Phone:
City, State, Zip:		
Options →	<input type="checkbox"/> Mail to vendor or <input type="checkbox"/> Pick up at Admin by whom: _____ (must notify A/P prior) <input type="checkbox"/> Special instructions: _____	

Approvals

Approved by:	Signature:	Approval Date:
Up to \$400.00 Coordinator/Manager		
\$400.01 - \$1500 Department Director		
\$1500.01 - \$2000 Financial Officer	<u>Mindy Jorey</u>	<u>149.90</u>
\$2000.01-\$10,000 or more Chief Executive Officer		
\$10,000.01 or more Board Officer		

FISCAL OFFICE USE ONLY

Invoice Total: \$ _____ / Final Department Cost: \$ _____		
Accounting Code: <u>01-57200-10-100-100</u>	Project Code: <u>-</u>	Amount: <u>149.90</u>
	<u>MJ 5/21/20</u>	



INVOICE

Zoom Video Communications Inc.  
55 Almaden Blvd, 6th Floor  
San Jose, CA 95113  
billing@zoom.us

Invoice Date: 05/16/2020  
Invoice #: INV20791317  
Payment Terms: Due Upon Receipt  
Due Date: 05/16/2020  
Account Number: 51887781  
Currency: USD  
Account Information: Community Action Stops Abuse, Inc.  
PO Box 414,  
St. Petersburg, Florida 33731  
United States

Purchase Order #:

TaxExemptCertificateID:

mforey@casa-stpeia.org

Zoom W-9

CHARGE DETAILS				
Charge Description	Service Period	Subtotal	Tax	TOTAL
Charge Name: Standard Pro Monthly Quantity: 10 Unit Price: \$14.99	05/16/2020-06/15/2020	\$149.90	\$0.00	\$149.90

INVOICE TOTALS	
Subtotal:	\$149.90
Total (Including Tax):	\$149.90
Invoice Balance:	\$0.00

TAX DETAILS				
Charge Name	Tax Name	Jurisdiction	Charge Amount	Tax Amount
			Total Tax	\$0.00

INVOICE TOTAL				
Transaction Date	Transaction Number	Transaction Type	Description	Applied Amount
05/16/2020	P-21839243	Payment		(\$149.90)
Invoice Balance				\$0.00



Order #

PPR #

**PURCHASE / PAYMENT REQUISITION (PPR)**



P.O. Box 414, St. Petersburg, FL 33733  
727-895-4912  
Tax Exempt # 85-8012639704C-5

RECEIVED MAY 16 2020

Requested by: Mindy

Date: 5/16/2020

Please check appropriate box and provide required back-up documents

Purchased on:

Vendor Account

Master Card

Mindy  
8/38

or  
 Issue A Check → Due Date: \_\_\_\_\_

Approved Total Cost: \$ 149.90

Deposit or partial payment required

see reverse (must be completed)

Vendor:  
(Company)

Zoom

Contact:

Phone:

Address:

City, State, Zip:

Options →

Mail to vendor or

Pick up at Admin by whom: \_\_\_\_\_

(must notify A/P prior)

Special instructions:

**Approvals**

Approved by:

Signature:

Approval Date:

Up to \$400.00 Coordinator/Manager

\$400.01 - \$1500 Department Director

\$1500.01 - \$2000 Financial Officer

\$2000.01-\$10,000 or more Chief Executive Officer

\$10,000.01 or more Board Officer

Mindy Forey

5/16/2020

**FISCAL OFFICE USE ONLY**

Invoice Total: \$ \_\_\_\_\_ / Final Department Cost: \$ \_\_\_\_\_

Accounting Code:

Project Code:

Amount:

01-53200-10-100-100

149.90



INVOICE

Zoom Video Communications Inc.  
55 Almaden Blvd, 6th Floor  
San Jose, CA 95113  
billing@zoom.us

Invoice Date: 06/16/2020  
Invoice #: INV28113202  
Payment Terms: Due Upon Receipt  
Due Date: 06/16/2020  
Account Number: 51987781  
Currency: USD  
Account Information: Community Action Stops Abuse, Inc.  
PO Box 414,  
St. Petersburg, Florida 33731  
United States

Purchase Order #:

TaxExemptCertificateID:

mforey@casa-stpete.org

Zoom W-9

CHARGE DETAILS				
Charge Description	Service Period	Subtotal	Tax	TOTAL
Charge Name: Standard Pro Monthly Quantity: 10 Unit Price: \$14.99	06/16/2020-07/15/2020	\$149.90	\$0.00	\$149.90

INVOICE TOTALS	
Subtotal:	\$149.90
Total (Including Tax):	\$149.90
Invoice Balance:	\$0.00

TAX DETAILS				
Charge Name	Tax Name	Jurisdiction	Charge Amount	Tax Amount
			Total Tax	\$0.00

INVOICE TOTALS				
Transaction Date	Transaction Number	Transaction Type	Description	Applied Amount
06/16/2020	P-27560172	Payment		(\$149.90)
Invoice Balance:				\$0.00

Order#

**PURCHASE / PAYMENT REQUISITION (PPR)**

PPR# Recurring



*Around 16th of each month*

P.O. Box 414, St. Petersburg, FL 33731  
727-895-4912  
Tax Exempt # 85-8012639704C-6

Requested by: Mindy

Date: 6/1/2020

*Please check appropriate box and provide required back-up documents*

Purchased on:  Vendor Account  Master Card →  Mindy  
 or  
 Issue A Check → Due Date: \_\_\_\_\_

Approved Total Cost: \$ 149.90 Deposit or partial payment required  
 see reverse (must be completed)

Vendor (Company): <u>Zoom</u>	Contact:
Address:	Phone:
City, State, Zip:	
Options →	<input type="checkbox"/> Mail to vendor or <input type="checkbox"/> Pick up at Admin by whom: _____ (must notify A/P prior) <input type="checkbox"/> Special instructions: _____

**Approvals**

Approved by:	Signature:	Approval Date:
Up to \$400.00 Coordinator/Manager		
\$400.01 - \$1500 Department Director		
\$1500.01 - \$2000 Financial Officer	<u>Mindy Gorey</u>	<u>6/16/2020</u>
\$2000.01-\$10,000 or more Chief Executive Officer		
\$10,000.01 or more Board Officer		

**FISCAL OFFICE USE ONLY**

Invoice Total: \$ \_\_\_\_\_ / Final Department Cost: \$ \_\_\_\_\_

Accounting Code:	Project Code:	Amount:
<u>01-57200-10-100-100</u>		<u>149.90</u>
	<u>MSTK 7/19/20</u>	

Fiscal If Rcv'd on:



INVOICE

Zoom Video Communications Inc.  
55 Almaden Blvd, 8th Floor  
San Jose, CA 95113  
billing@zoom.us

Invoice Date: 07/16/2020  
Invoice #: INV31246180  
Payment Terms: Due Upon Receipt  
Due Date: 07/16/2020  
Account Number: 81987781  
Currency: USD  
Account Information: Community Action Stops Abuse, Inc.  
PO Box 414,  
St. Petersburg, Florida 33731  
United States

Purchase Order Number:

mforey@casa-stpete.org

TaxExemptCertificateID:

Zoom W-9

CHARGE DETAILS				
Charge Description	Service Period	Subtotal	Tax	TOTAL
Charge Name: Standard Pro Monthly Quantity: 10 Unit Price: \$14.99	07/16/2020-08/15/2020	\$149.90	\$16.92	\$166.82

INVOICE TOTALS	
Subtotal:	\$149.90
Total (Including Tax):	\$166.82
Invoice Balance:	\$0.00

TAX DETAILS				
Charge Name	Tax Name	Jurisdiction	Charge Amount	Tax Amount
Standard Pro Monthly	Statutory Gross Receipts NFR (Business)	State	\$149.90	\$0.22
Standard Pro Monthly	Communications Service Tax NFR	City	\$149.90	\$0.32
Standard Pro Monthly	Communications Service Tax NFR	State	\$149.90	\$7.38
			<b>Total Tax</b>	<b>\$16.92</b>

\* Sent in sales tax exemption

Invoice Total:	\$166.82
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Order #

PPR #

**PURCHASE / PAYMENT REQUISITION (PPR)**



P.O. Box 414, St. Petersburg, FL 33731  
727-895-4912  
Tax Exempt # 85-8012639704C-5

ENTERED AUG 05 2020

Requested by: Mindy

Date: 7/16/2020

Please check appropriate box and provide required back-up documents

Purchased on:  Vendor Account  Master Card →  Mindy  
 or  
 Issue A Check → Due Date: \_\_\_\_\_

Approved Total Cost: \$ 1166.82 Deposit or partial payment required  
 (see reverse (must be completed))

Vendor (Company): <u>Zoom</u>	Contact: _____
Address: _____	Phone: _____
City, State, Zip: _____	
Options →	<input type="checkbox"/> Mail to vendor or <input type="checkbox"/> Pick up at Admin by whom: _____ (must notify A/P prior) <input type="checkbox"/> Special instructions: _____

**Approvals**

Approved by:	Signature:	Approval Date:
Up to \$400.00 Coordinator/Manager		
\$400.01 - \$1500 Department Director		
\$1500.01 - \$2000 Financial Officer	<u>Mindy Forey</u>	<u>7/16/2020</u>
\$2000.01-\$10,000 or more Chief Executive Officer		
\$10,000.01 or more Board Officer		

**FISCAL OFFICE USE ONLY**

Invoice Total: \$ \_\_\_\_\_ / Final Department Cost: \$ \_\_\_\_\_

Accounting Code:	Project Code:	Amount:
<u>01-57320-10-100-100</u>	<u>9999</u>	<u>1166.82</u>
	<u>MSN 8/4/20</u>	