

Start date 2/26/2026

End date 6/26/2026

Chk#	Date	Rec date	Code	Vendor name (Comment)	Check amount
PO#	PO Date	Purchase Order Description			PO Payments
PO Account Code	Account Description	Invoice on payment	Date	Payment amount	

<b>100537</b>	<b>02/26/26</b>		<b>6994</b>	<b>NUTRI-SERVE FOOD MGMT., INC.</b>	<b>131,226.07</b>
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PO 601503	02/09/26	January Billing				131,226.07
63-910-310-300-000-00-000		CAFE PURCHASED PROF SERV	SIN0003103		02/26/26	49,561.12
63-910-310-500-000-00-000		MANAGEMENT FEE	SIN0003103		02/26/26	9,787.50
63-910-310-610-000-00-000		CAFE SUPPLIES	SIN0003103		02/26/26	71,877.45

Chk#	Date	Rec date	Code	Vendor name (Comment)	Check amount
PO#	PO Date	Purchase Order Description			PO Payments
PO Account Code	Account Description	Invoice on payment	Date	Payment amount	

**Fund Totals**

<b>63</b>	<b>Fund 63</b>		<b>\$131,226.07</b>
	<b>Total for all checks within selected fund range</b>		<b>\$131,226.07</b>
<b>1 Checks</b>	<b>0 Voids</b>	<b>Total for all checks listed (Inc. Prior YR)</b>	<b>\$131,226.07</b>

Prepared and submitted by: \_\_\_\_\_  
Board Secretary

\_\_\_\_\_  
Date