

CITY OF BLAINE
VOUCHER REPORT
12/11/2007 (Printed 12/06/2007 14:02)

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VENDOR	VENDOR NAME	INVOICE NUMBER	REFERENCE	INVOICE DATE	DUE DATE	COMMENTS
		622 000 000		1,334.58		
		FUND LEOFF I MEDICAL RESERVE		1,334.58		
		TOTAL		270,896.26		