

Town of Gilford

_A/P Preliminary Manifest

Accounts Payable Manifest for Check Date 7/27/2017 ✓

Bank: BNH - Operating

Vendor ID / Name

<u>Invoice No.</u>	<u>Invoice Date</u>	<u>Due Date</u>	<u>Description</u>	<u>Invoice Amount</u>
NHSTDHHS - NH STATE DEPT OF HEALTH & HUMAN SVC				
072517	7/25/2017	7/25/2017	CHILD SUPPORT	330.00
	<u>Account No.</u>	<u>Account Description</u>	<u>Amount</u>	
	01 2025 022 61	GF - Payroll Payable, Child Support	330.00	
Total for NHSTDHHS - NH STATE DEPT OF HEALTH & HUMAN SVC				330.00
Total for this Manifest:				330.00 ✓

Reviewed: Sen 7/26/17

BOARD OF SELECTMEN

Scott J. Durn
Scott J. Durn, Town Administrator

Richard Grenier
Richard Grenier

Dale Channing Eddy
Dale Channing Eddy

Gus Benavides
Gus Benavides



Town of Gilford
BNH - Operating

A/P Detail Check Register for Check Date 7/27/2017

<u>Check</u>	<u>Vendor</u>	<u>Description or Invoice Numbers</u>	<u>Check Amount</u>	<u>Invoice Distribution Accounts</u>	<u>Distribution Amount</u>
0103802	NH STATE DEPT OF HEALTH & HUMAN SVC	CHILD SUPPORT	330.00	01 2025 022 61 GF - Payroll Payable, Child Support	330.00

Total for Check Run: 330.00