Moses Lake Prevention

[ ]  Received email approval

[ ]  Receipt and Purchase Requisition copy to Manager and Finance

[ ]  Budget Spending Tracker entry

[ ]  Minerva Entry

[ ]  A-19 confirmation

[ ]  \*Reimbursed

[ ]  Item/s received

***Date:*** Click here to enter a date. ***Receipt Date:*** Click here to enter a date.

***Vendor***: Click here to enter text.

***Description*** Click here to enter text.

***A-19/Minerva Title:*** Click here to enter text.

 **Implementation Month: Form of Payment**

[ ]  January 2020

[ ]  February 2020

[ ]  March 2020

[ ]  April 2020

[ ]  May 2020

[ ]  June 2020

[ ]  July 2020

[ ]  August 2020

[ ]  September 2020

[ ]  October 2020

[ ]  November 2020

[ ]  December 2020

[ ] VISA

[ ] Invoice (paid)

[ ] Invoice (needs paid)

[ ] Other: Click here to enter text.

**Program: Charge Account:**

[ ]  Community Prevention Education 22.1.1

[ ]  Public Awareness Campaign 22.1.1

[ ]  PAX Good Behavior Game 22.2.1

[ ]  Strengthening Families Program 22.2.1

[ ]  Positive Action 22.2.1

[ ]  General Coalition 22.5.1

[ ]  Environmental Policy 22.6.1

[ ]  Training 22.7.1

[ ] SABG

[ ] DMA

[ ] PFS

[ ]  Grant County Health District (YMPEP)

[ ] Other: Click here to enter text.

**$** Click here to enter text.

Requested by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_