

Check Register by Type

Payee Type: Vendor		Check Type: Check			Checking Account ID: 1		
<u>Check Number</u>	<u>Check Date</u>	<u>Cleared</u>	<u>Void</u>	<u>Void Date</u>	<u>Entity ID</u>	<u>Entity Name</u>	<u>Check Amount</u>
42816	01/19/2021	X			MILLECRAI	CRAIG MILLER	90.00
42817	01/19/2021				HEIDENWITH	CALVIN HEIDENWITH	149.00
42818	01/25/2021	X			MOEDHEALTH	MO ED HEALTH GROUP	3,764.33
42819	01/25/2021				UNUMLIFEIN	UNUM LIFE INS CO OF AMER	17.00
Checking Account ID: 1					Void Total:	0.00	Total without Voids: 4,020.33
Check Type Total: Check					Void Total:	0.00	Total without Voids: 4,020.33
Payee Type Total: Vendor					Void Total:	0.00	Total without Voids: 4,020.33
Grand Total:					Void Total:	0.00	Total without Voids: 4,020.33