| reimbursement cla recorded on this lis | hers, as audited and cer ims certified as required ting which has been ma vote, appo Payment Type for Priva | d by RCW 42.24.090 ade available to the roves payments, tot |), are approved board. As of Fel aling \$184.74. T | for pay oruary he pa | yment. Th 27, 2024 yments ar | ose payme the board, e further id | nts have be by a Ientified in | this |
|---|---|---|--|----------------------------|------------------------------------|---|-------------------------------------|------|
| Secretary | | Board Member | | | | | | |
| Board Member | | Board Member | | | | | | |
| Board Member | | Board Member | | | | | | |
| Check Nbr | Vendor Name | | Check Date | Chec | k Amount | | | |
| 1419 | Caryn McGee | | 2/13/2024 | | 125.42 | | | |
| 1420 | Morgen Flowers-Wa | ashington | 2/13/2024 | \$ | 59.32 | | | |
| | | 2 Checks | For a Total of | \$ | 184.74 | | | |