Stanislaus County Office of Education

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COMMERCIAL EXPENSE REGISTER

PV/PVQ/PO	FD-Resc-Y-Objt-Goal-Func-Ste-Orgn-D2	LN	VENDOR CODE	VENDOR NAME	AMOUNT	INVOICE	DESCRIPTION
				TOTAL	$0.00		

Reset

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SIGNATURES (Authorized agents or majority of Board Members.)

DISTRICT Select School District

DATE

PAGE _____ OF _____

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SCOE: Retain original, plus one copy to DIST

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