

Report Criteria:

Report type: GL detail
 Check.Voided = False

Check # / Issue Date	Name/ Description	GL Period Invoice	Invoice Number	Invoice GL Account	Invoice Amount	Check Amount
132291						
12/27/2017	IL PUBLIC RISK FUND <i>Workers Comp January 2018</i>	12/17	12312017	12-00-59200-00	19,116.00	19,116.00
Total 132291:						19,116.00
Grand Totals:						19,116.00

Summary by General Ledger Account Number

GL Account	Debit	Credit	Proof
12-00-23300	.00	19,116.00-	19,116.00-
12-00-59200-000	19,116.00	.00	19,116.00
Grand Totals:	19,116.00	19,116.00-	.00