

**CITIZENS STATE BANK VISA**

Transaction post date between 9/30/17 - 10/30/17

<b>DATE</b>	<b>MERCHANT NAME</b>	<b>AMOUNT</b>	<b>ACCOUNT NAME</b>	<b>ACCOUNT NUMBER</b>	<b>PURPOSE</b>
10/17/2017	EYE CARE FOR DURANGO	\$79.00	SBA Local Expense	23-500-00-1900-0800-000-0000	Student Eye Exam
10/26/2017	KK INSURANCE	\$84.00	OP/Maint Health	10-600-20-2600-0251-600-0000	Student Health Insurance
<b>TOTAL</b>		<b>\$163.00</b>			