CITY OF THREE FORKS
Claim Approval List
For the Accounting Period: 1/26
For Pay Date: 01/30/26

Operating Cash - MSB
* ... Over spent expenditure

Claim/	Check	Vendor #/Name/ Invoice #/Inv Date/Description	Document $/ Line $	Disc $	PO #	Fund	Org	Acct	Object	Proj	Cash Account
149332		77 US POSTAL SERVICE	213.53								
		January 2026 Utility Bills - CT									
		01/2026 01/30/26 1/31/2026 mailing	106.77			5210		430510	311		101000
		01/2026 01/30/26 1/31/2026 mailing	106.76			5310		430610	311		101000
		Total for Vendor:	**213.53**								

# of Claims 1 Total: 213.53 # of Vendors 1

Approval
Council Signatures