


**Town of Gilford**  
**Accounts Payable Manifest for Check Date 12/21/2022**

Bank: BNH - Operating


Vendor ID / Name

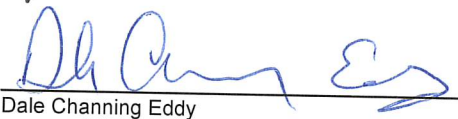
<u>Invoice No.</u>	<u>Invoice Date</u>	<u>Due Date</u>	<u>Description</u>	<u>Invoice Amount</u>
<b>11BLOC - Blood, Christine M</b>				
ADM20221215	12/15/2022	1/14/2023	Reimbursement	346.02
	<u>Account No.</u>	<u>Account Description</u>	<u>Amount</u>	
	15 3508 052 41	GDF - Donations, Health & Wellness Program	346.02	
<b>Total for 11BLOC - Blood, Christine M</b>				<b>346.02</b>
<b>Total for this Manifest:</b>				<b>346.02</b>

Reviewed: 

  
Scott J. Dunn, Town Administrator

BOARD OF SELECTMEN

  
J. Kevin Hayes

  
Dale Channing Eddy

\_\_\_\_\_  
Gus Benavides