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Prepared:	Dr. [Name]	Date:	10/10/2023
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REPOUSO QUANTITATIVO DE GASTOS

[illegible]

	DATE	AMOUNT
CASH ON HAND	10-01-86	\$9.00
BANK OF AMERICA	10-01-86	7.70
WELLS FARGO	10-01-86	18.00
FIRST NATIONAL	10-01-86	1.00
TOTAL	10-01-86	35.70

[illegible]