

Schedule of Payments Made For the Provisions of Goods and Services

Financial Information Act - Statement of Financial Information

Library Name: _____
Fiscal Year Ended: _____

Name of Individual, Firm or Corporation	Total Amount Paid During Fiscal Year
1)	\$
2)	\$
3)	\$
Total (Suppliers with payments exceeding \$25,000)	\$
Total (Suppliers where payments are \$25,000 or less)	\$
Consolidated Total	\$

Blank space below for reconciliation to financial statements if necessary: