

Guilford County

Social Security No./Taxpayer ID No.

PAYMENT AUTHORIZATION

Payee Name (First, Middle, Last)

Ronnie L. Kimble

Street

6316 Liberty Rd.

City

Julian

State

NC

Zip

27283

Phone No.

336-685-0705

Contact Name

Case Name

Ronnie L. Kimble

Remarks Judgment Condemnation Cash Bond Trust

Paid for 5 rec. check ; needed only 4.

AVBUI DATA ENTRY

Date

UNIT'S

Franchise Added

Date

8-30-00

Authorization Signature

Tremaine J. McJ...

Deputy CSD

Assistant CSD

Clerk Of Superior Court

PAYMENT/DISTRIBUTION SECTION

Regular (AMNH)

Manual (AMNH)

Payment Date

Payment #

8000608000

Payment Amount

5.00

Check Date (Manual Check Only)

Check # (Manual Check Only)

1099 Yes

Check Sub Code

Comment

GENERAL LEDGER DISTRIBUTION

Fund	Acct.	Description	Case #	ID	Subtype	Amount
10	1	Investment (to Invest Acct)				
10	28110	Judgment				
10	28120	Judgment Costs				
10	28180	Condemnation Awards				
10	28210	Cash Bond				
10	28310	Trust				
10	28380	Trust (Withdrawal)				
10	28300	Deceit Payable				
10	29100	Refund Of Fees				
10						
10						

NOTE: Unshaded portion of form to be completed by either than bookkeeper. Shaded portion of form to be completed by bookkeeper only.

Date

Batch ID

Unit's

AOC-F-100AP (Rev. 7/93)