

Sheet1

DONE	NAME,C,20	RATE,N	BILL	CATEGORY,C	PER	HCVAC	PROGRAM	EFPAY_TYPE,C	AMO	LOT	HE
TOM	TOM DROEGE	100.00	0.00		0.0	0	0.00		0.00	0.00	

CHK_ACCOUNT_IDDEPT,C,3	HOURLY,N,8,2
0.00	0.00