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Row	Trans ID	Rev	Rec	Rec	Trans Date	Post Date	Trans Amt	No Use Tax	Merch. State / Prov	Merchant Name	Trans Merchant City	Bgt	Obj Cd	S-Obj Cd	Employee Last Name
1	336763	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2004-01-17	2004-01-20	\$511.75	<input type="checkbox"/>	CA	PARALLAX INC	9166248333	740204	05	99	DO
2	335451	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2004-01-16	2004-01-16	\$47.52	<input type="checkbox"/>	MN	DKC	800-344-4539	740204	05	99	DO

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