



Expenditure List

As Reviewed by the Finance & Budget Committee

Tuesday, July 3, 2018

Total \$66,534.11

Chairperson

Dan Foley

Vice Chairperson

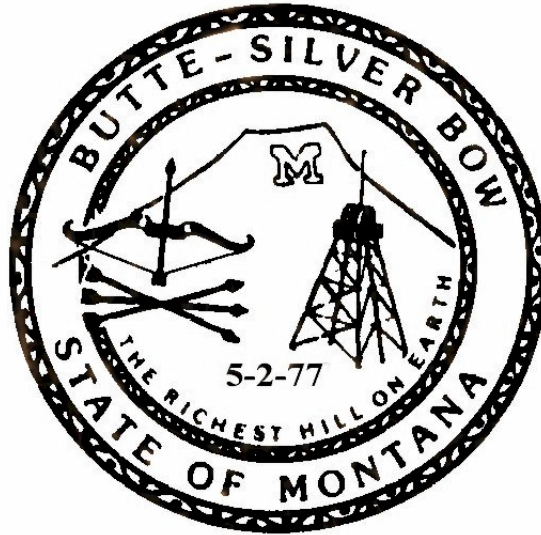
Bill Andersen

Dan Callahan

Jim Fisher

Sheryl Ralph

John Sorich



Expenditure List Details

As Of Tuesday, July 3, 2018

Total \$66,534.11

Executive Summary Sorted By Descending Amounts

6050 Employee Health Ins	Fund Total \$36,791.96
108 Personnel Office	Department Total \$36,791.96
500920 Self-Funded Program	\$36,791.96
2270 Health	Fund Total \$12,257.00
801 Family Services	Department Total \$12,257.00
440190 Family Planning	\$2,290.00
440159 BASICSUBELEMENT NOT FOUND [440159]	\$1,795.00
440171 W.I.C.	\$1,700.00
440154 Immunization Program	\$1,616.00
440125 BASICSUBELEMENT NOT FOUND [440125]	\$1,300.00
440175 Emg Preparedness & Response	\$1,257.00
440161 Air Quality Program	\$718.00
440170 M.C.H.	\$479.00
440113 BASICSUBELEMENT NOT FOUND [440113]	\$479.00
440114 BASICSUBELEMENT NOT FOUND [440114]	\$479.00
440151 H.I.V. Preventions	\$144.00
1000 General Fund	Fund Total \$10,486.15
119 Health Office	Department Total \$6,017.75
440110 Public Health Admin.	\$4,386.75
440111 Comm Enrichment	\$1,631.00
999 Non-Dept Aligned Activity	Department Total \$4,468.40
410890 Employee Associated Costs	\$4,193.40
420180 Police Commission	\$275.00
2275 Superfund Resident Metals	Fund Total \$6,281.00
200 Metro	Department Total \$6,281.00
440189 Residential Metals	\$6,281.00
2830 Junk Vehicle	Fund Total \$718.00
999 Non-Dept Aligned Activity	Department Total \$718.00
430830 Junk Vehicle	\$718.00

Expenditure Details

1000 General Fund

Fund Total \$10,486.15

119 Health Office

Department Total \$6,017.75

440110 Public Health Admin.

Subtotal \$4,386.75

PAYNEWEST INSURANCE

Vendor Total \$4,386.75

Claim #	Description	Account Number	Invoice / PO	Amount
101	BROKER FEES-PROF LIABILITY INS	1000.119.4401.10.510	196183 / 1900003	\$100.00
101	RENEWAL OF PROFESSIONAL LIABILITY INSURANCE	1000.119.4401.10.510	196183 / 1900003	\$4,286.75

1000 General Fund

Fund Total \$10,486.15

119 Health Office

Department Total \$6,017.75

440111 Comm Enrichment

Subtotal \$1,631.00

PAYNEWEST INSURANCE

Vendor Total \$1,631.00

Claim #	Description	Account Number	Invoice / PO	Amount
101	RENEWAL OF PROFESSIONAL LIABILITY INSURANCE	1000.119.4401.11.510	196183 / 1900003	\$1,631.00

1000 General Fund

Fund Total \$10,486.15

999 Non-Dept Aligned Activity

Department Total \$4,468.40

410890 Employee Associated Costs

Subtotal \$4,193.40

SAPPHIRE RESOURCE CONNECTION

Vendor Total \$4,193.40

Claim #	Description	Account Number	Invoice / PO	Amount
102	EAP Services for July, August and September 2018	1000.999.4108.90.140	1079 / 1900011	\$4,193.40

1000 General Fund

Fund Total \$10,486.15

999 Non-Dept Aligned Activity

Department Total \$4,468.40

420180 Police Commission

Subtotal \$275.00

CRAIG THOMAS

Vendor Total \$75.00

Claim #	Description	Account Number	Invoice / PO	Amount
105	Law Enforcement Commission	1000.999.4201.80.390	JUL18 / 1900024	\$75.00

PETE STEILMAN

Vendor Total \$50.00

Claim #	Description	Account Number	Invoice / PO	Amount
108	Law enforcement Commission	1000.999.4201.80.390	JUL18 / 1900025	\$50.00

WILLIAM M OLEARY

Vendor Total \$50.00

Claim #	Description	Account Number	Invoice / PO	Amount
109	Law Enforcement Commission	1000.999.4201.80.390	JUL18 / 1900026	\$50.00

JACK MCCORMICK

Vendor Total \$50.00

Claim #	Description	Account Number	Invoice / PO	Amount
106	Law Enforcement Commissioner	1000.999.4201.80.390	JUL18 / 1900023	\$50.00

MIKE THATCHER

Vendor Total \$50.00

Claim #	Description	Account Number	Invoice / PO	Amount
107	Law Enforcement Commission	1000.999.4201.80.390	JUL18 / 1900027	\$50.00

2270 Health

Fund Total \$12,257.00

801 Family Services

Department Total \$12,257.00

440113 BASICSUBELEMENT NOT FOUND [440113]

Subtotal \$479.00

PAYNEWEST INSURANCE

Vendor Total \$479.00

Claim #	Description	Account Number	Invoice / PO	Amount
101	RENEWAL OF PROFESSIONAL LIABILITY INSURANCE	2270.801.4401.13.510	196183 / 1900003	\$479.00

2270 Health

Fund Total \$12,257.00

801 Family Services

Department Total \$12,257.00

440114 BASICSUBELEMENT NOT FOUND [440114]

Subtotal \$479.00

PAYNEWEST INSURANCE

Vendor Total \$479.00

Claim #	Description	Account Number	Invoice / PO	Amount
101	RENEWAL OF PROFESSIONAL LIABILITY INSURANCE	2270.801.4401.14.510	196183 / 1900003	\$479.00

2270 Health

Fund Total \$12,257.00

801 Family Services

Department Total \$12,257.00

440125 BASICSUBELEMENT NOT FOUND [440125]

Subtotal \$1,300.00

PAYNEWEST INSURANCE

Vendor Total \$1,300.00

Claim #	Description	Account Number	Invoice / PO	Amount
101	RENEWAL OF PROFESSIONAL LIABILITY INSURANCE	2270.801.4401.25.510	196183 / 1900003	\$1,300.00

2270 Health

Fund Total \$12,257.00

801 Family Services

Department Total \$12,257.00

440151 H.I.V. Preventions

Subtotal \$144.00

PAYNEWEST INSURANCE

Vendor Total \$144.00

Claim #	Description	Account Number	Invoice / PO	Amount
101	RENEWAL OF PROFESSIONAL LIABILITY INSURANCE	2270.801.4401.51.510	196183 / 1900003	\$144.00

2270 Health

Fund Total \$12,257.00

801 Family Services

Department Total \$12,257.00

440154 Immunization Program

Subtotal \$1,616.00

PAYNEWEST INSURANCE

Vendor Total \$1,616.00

Claim #	Description	Account Number	Invoice / PO	Amount
101	RENEWAL OF PROFESSIONAL LIABILITY INSURANCE	2270.801.4401.54.510	196183 / 1900003	\$1,616.00

2270 Health

Fund Total \$12,257.00

801 Family Services

Department Total \$12,257.00

440159 BASICSUBELEMENT NOT FOUND [440159]

Subtotal \$1,795.00

PAYNEWEST INSURANCE

Vendor Total \$1,795.00

Claim #	Description	Account Number	Invoice / PO	Amount
101	RENEWAL OF PROFESSIONAL LIABILITY INSURANCE	2270.801.4401.59.510	196183 / 1900003	\$1,795.00

2270 Health

Fund Total \$12,257.00

801 Family Services

Department Total \$12,257.00

440161 Air Quality Program

Subtotal \$718.00

PAYNEWEST INSURANCE

Vendor Total \$718.00

Claim #	Description	Account Number	Invoice / PO	Amount
101	RENEWAL OF PROFESSIONAL LIABILITY INSURANCE	2270.801.4401.61.510	196183 / 1900003	\$718.00

2270 Health

Fund Total \$12,257.00

801 Family Services

Department Total \$12,257.00

440170 M.C.H.

Subtotal \$479.00

PAYNEWEST INSURANCE

Vendor Total \$479.00

Claim #	Description	Account Number	Invoice / PO	Amount
101	RENEWAL OF PROFESSIONAL LIABILITY INSURANCE	2270.801.4401.70.510	196183 / 1900003	\$479.00

2270 Health

Fund Total \$12,257.00

801 Family Services

Department Total \$12,257.00

440171 W.I.C.

Subtotal \$1,700.00

PAYNEWEST INSURANCE

Vendor Total \$1,700.00

Claim #	Description	Account Number	Invoice / PO	Amount
101	RENEWAL OF PROFESSIONAL LIABILITY INSURANCE	2270.801.4401.71.510	196183 / 1900003	\$1,700.00

2270 Health

Fund Total \$12,257.00

801 Family Services

Department Total \$12,257.00

440175 Emg Preparedness & Response

Subtotal \$1,257.00

PAYNEWEST INSURANCE

Vendor Total \$1,257.00

Claim #	Description	Account Number	Invoice / PO	Amount
101	RENEWAL OF PROFESSIONAL LIABILITY INSURANCE	2270.801.4401.75.510	196183 / 1900003	\$1,257.00

2270 Health

Fund Total \$12,257.00

801 Family Services

Department Total \$12,257.00

440190 Family Planning

Subtotal \$2,290.00

PAYNEWEST INSURANCE

Vendor Total \$2,290.00

Claim #	Description	Account Number	Invoice / PO	Amount
101	RENEWAL OF PROFESSIONAL LIABILITY INSURANCE	2270.801.4401.90.510	196183 / 1900003	\$2,290.00

2275 Superfund Resident Metals

Fund Total \$6,281.00

200 Metro

Department Total \$6,281.00

440189 Residential Metals

Subtotal \$6,281.00

PAYNEWEST INSURANCE

Vendor Total \$6,281.00

Claim #	Description	Account Number	Invoice / PO	Amount
101	RENEWAL OF PROFESSIONAL LIABILITY INSURANCE	2275.200.4401.89.510	196183 / 1900003	\$6,281.00

2830 Junk Vehicle

Fund Total \$718.00

999 Non-Dept Aligned Activity

Department Total \$718.00

430830 Junk Vehicle

Subtotal \$718.00

PAYNEWEST INSURANCE

Vendor Total \$718.00

Claim #	Description	Account Number	Invoice / PO	Amount
101	RENEWAL OF PROFESSIONAL LIABILITY INSURANCE	2830.999.4308.30.510	196183 / 1900003	\$718.00

6050 Employee Health Ins

Fund Total \$36,791.96

108 Personnel Office

Department Total \$36,791.96

500920 Self-Funded Program

Subtotal \$36,791.96

ALLEGIANCE BENEFIT PLAN MANAGEMENT

Vendor Total \$36,791.96

Claim #	Description	Account Number	Invoice / PO	Amount
103	Health Insurance Claims Fund Batch Request for the week of 07/02/2018	6050.108.5009.20.350	070218HEALTH / 1900010	\$36,791.96