

PREPARED 06/26/2013, 14:44:10
 PROGRAM: GM339L
 CITY OF GILLETTE/CITY CLERK
 FIRST INTERSTATE BANK

EXPENDITURE APPROVAL LIST
 AS OF: 06/26/2013 CHECK DATE: 06/26/2013

PAGE 1

BANK: 00

FUND 001		GENERAL FUND											
VEND NO	SEQ#	VENDOR NAME										EFT, EPAY OR	
INVOICE	VOUCHER	P.O.	BNK	CHECK/DUE	ACCOUNT	ITEM	CHECK					HAND-ISSUED	
NO	NO	NO		DATE	NO	DESCRIPTION	AMOUNT					AMOUNT	

DEPT 00 DIV 00													
0004501	00	CAMPBELL COUNTY JOINT POWERS											
REIMBURSEMENT	18662		00	06/26/2013	001-0000-207.00-00	CHASSIS-GRASS TRUCK	32,779.00						
REIMBURSEMENT	18662		00	06/26/2013	001-0000-207.00-00	CHASSIS-BRUSH TRUCK	100,843.00						
							VENDOR TOTAL *	133,622.00					
0006089	00	CITY OF GILLETTE-PETTY CASH											
2ND DRAWER	18664		00	06/26/2013	001-0000-102.00-00	2ND DRAWER FOR CLERKS	50.00						
							VENDOR TOTAL *	50.00					
							DEPARTMENT TOTAL **	133,672.00					
							FUND TOTAL ***	133,672.00					
							TOTAL EXPENDITURES ****	133,672.00					
001	GENERAL FUND					CASH ON HAND	51,737,267.86-						
GRAND TOTAL *****												133,672.00	

PREPARED 06/28/2013, 8:36:35
 PROGRAM: GM339L
 CITY OF GILLETTE/CITY CLERK
 FIRST INTERSTATE BANK

EXPENDITURE APPROVAL LIST
 AS OF: 06/28/2013 CHECK DATE: 06/28/2013

PAGE 1

BANK: 00

FUND 001 GENERAL FUND		VENDOR NAME		BANK	CHECK/DUE	ACCOUNT	ITEM	CHECK	EFT, SPAY OR
VSND NO	SEQ#	VOUCHER	P.O.		DATE	NO	DESCRIPTION	AMOUNT	HAND-ISSUED
NO		NO	NO						AMOUNT
DEPT 10 ADMINISTRATION DIV 10 MAYOR AND COUNCIL									
0067066	00	MESSINA, SANDRA							
STIPEND 2013	15771	00	06/28/2013	001-1010-411.90-11	AOA 2013 STIPEND			500.00	
VENDOR TOTAL *								500.00	
0077777	00	SMITH, JORDAN							
AOA ENTERTAINER18665		00	06/28/2013	001-1010-411.90-11	GUITARIST-AOA RECEPTION			100.00	
VENDOR TOTAL *								100.00	
DEPARTMENT TOTAL **								600.00	
FUND TOTAL ***								600.00	
TOTAL EXPENDITURES ****								600.00	
001	GENERAL FUND		CASH ON HAND		51,848,292.29-				
GRAND TOTAL *****									600.00

PREPARED 07/03/2013, 16:05:24
PROGRAM: GM339L
CITY OF GILLETTE/CITY CLERK
HEALTH BENEFIT PLAN

EXPENDITURE APPROVAL LIST
AS OF: 06/30/2013 CHECK DATE: 07/03/2013

PAGE 1

BANK: 02

FUND 701	HEALTH BENEFIT PLAN								
VEND NO	SEQ#	VENDOR NAME							
INVOICE	VOUCHER	P.O.	BNK	CHECK/DUE	ACCOUNT	ITEM	CHECK	EFT, EPAY OR	
NO	NO	NO		DATE	NO	DESCRIPTION	AMOUNT	HAND-ISSUED	AMOUNT

DEPT 15	ADMINISTRATIVE SERVICES				DIV 95	INSURANCE			
0059613	00	DELTA DENTAL OF WYOMING							
JUNE 2013	18629	02 06/30/2013			701-1595-419.52-70	DELTA DENTAL CLAIMS	17,034.35		
						VENDOR TOTAL *	17,034.35		
						DEPARTMENT TOTAL **	17,034.35		
701	HEALTH BENEFIT PLAN					FUND TOTAL ***	17,034.35		
		CASH ON HAND			.00	TOTAL EXPENDITURES ****	17,034.35		
					GRAND TOTAL *****			17,034.35	