# Expenditure Approval Report Check Approval Date of 01/16/2015



Invoice Number	Invoice Description	Amount
301-MADISON WATERLINE		
70-UTILITIES		
72-MADISON WATER LINE		
1250-FIRST AMERICAN TITLE		
25707	PERMANENT WATERLINE & TEMPORARY CONST EASEMENT	750.00
	VENDOR TOTAL:	750.00
	DIVISION TOTAL:	750.00
	DEPARTMENT TOTAL:	750.00
	FUND TOTAL:	750.00
	GRAND TOTAL:	750.00

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# Expenditure Approval Report Check Approval Date of 01/22/2015



Invoice Number	Invoice Description	Amount
001-GENERAL FUND		
60-ENGINEERING & DEV SERVICES		
60-ENGINEERING		
2849-UNIVERSITY OF MINNESOTA		
25708	TODD MERCHEN GEOTECHNICAL CONFERENCE	465.00
	VENDOR TOTAL:	465.00
	DIVISION TOTAL:	465.00
	DEPARTMENT TOTAL:	465.00
	FUND TOTAL:	465.00

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# Expenditure Approval Report Check Approval Date of 01/22/2015



Invoice Number	Invoice Description	Amount
301-MADISON WATERLINE		
70-UTILITIES		
72-MADISON WATER LINE		
1250-FIRST AMERICAN TITLE		
26114	PERMANENT WATERLINE AND UTILITY EASEMENT	1,258.00
	VENDOR TOTAL:	1,258.00
	DIVISION TOTAL:	1,258.00
	DEPARTMENT TOTAL:	1,258.00
	FUND TOTAL:	1,258.00
	GRAND TOTAL:	1,723.00

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# Expenditure Approval Report Check Approval Date of 01/27/2015



Invoice Number	Invoice Description	Amount
201-1% FUND		
10-ADMINISTRATION		
05-1% OPTIONAL SALES TAX		
2566-OFFICE OF STATE LANDS AND INVESTMENTS		
26385	CPS #7 DEEP GROUND ANODE BED	409.05
	VENDOR TOTAL:	409.05
	DIVISION TOTAL:	409.05
	DEPARTMENT TOTAL:	409.05
	FUND TOTAL:	409.05

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# Expenditure Approval Report Check Approval Date of 01/27/2015



Invoice Number	Invoice Description	Amount
504-POWER FUND		
70-UTILITIES		
74-POWER		
2854-J. JUAN ORTIZ HERNANDEZ		
26387	EASEMENT PAYMENT	544.00
	VENDOR TOTAL:	544.00
	DIVISION TOTAL:	544.00
	DEPARTMENT TOTAL:	544.00
	FUND TOTAL:	544.00
	GRAND TOTAL:	953.05

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# Expenditure Approval Report Check Approval Date of 01/15/2015



Invoice Number	Invoice Description	Amount
701-HEALTH INSURANCE FUND		
20-HUMAN RESOURCES		
22-HEALTH INSURANCE		
1344-CAMPBELL COUNTY COORDINATED BENEFITS TRUST		
25704	JANUARY 2015 DELTA DENTAL ADMIN FEES	960.30
25705	MUTUAL OF OMAHA ADMIN FEES	162.50
	VENDOR TOTAL:	1,122.80
2503-DELTA DENTAL OF WYOMING		
25703	DECEMBER 2014 CLAIMS	23,999.45
	VENDOR TOTAL:	23,999.45
	DIVISION TOTAL:	25,122.25
	DEPARTMENT TOTAL:	25,122.25
	FUND TOTAL:	25,122.25
	GRAND TOTAL:	25,122.25

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# Expenditure Approval Report Check Approval Date of 01/27/2015



Invoice Number	Invoice Description	Amount
701-HEALTH INSURANCE FUND		
20-HUMAN RESOURCES		
22-HEALTH INSURANCE		
2847-WYOMING BUSINESS COALITION ON HEALTH		
26209	2015 ANNUAL DUES	6,080.00
	VENDOR TOTAL:	6,080.00
	DIVISION TOTAL:	6,080.00
	DEPARTMENT TOTAL:	6,080.00
	FUND TOTAL:	6,080.00
	GRAND TOTAL:	6,080.00

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