

Expenditure Approval Report
Check Approval Date of 05/08/2017



	Invoice Number	Invoice Description	Amount
701-HEALTH INSURANCE FUND			
20-HUMAN RESOURCES			
22-HEALTH INSURANCE			
2557-BLUE CROSS BLUE SHIELD OF WYOMING			
	62851	MAY 2017 ADMIN FEES AND STOP/LOSS	52,210.27
	62852	WEEKLY CLAIMS LISTING	73,617.04
	62853	WEEKLY CLAIMS LISTING	96,582.85
		VENDOR TOTAL:	222,410.16
2555-EXPRESS SCRIPTS INC			
	62855	PRESCRIPTION DRUG COSTS	21,730.78
	62856	PRESCRIPTION DRUG COSTS	35,034.60
	62985	ELIGIBILITY FEE 1/17 & 2/17	36.08
		VENDOR TOTAL:	56,801.46
		DIVISION TOTAL:	279,211.62
		DEPARTMENT TOTAL:	279,211.62
		FUND TOTAL:	279,211.62
		GRAND TOTAL:	279,211.62