Invoice Number	Invoice Description	Amount
001-GENERAL FUND		
00-UNDEFINED		
00-UNDEFINED		
3825-VAVI DOMINGO		
73204	12/8/17 PAYROLL CHECK	679.43
	VENDOR TOTAL:	679.43
	DIVISION TOTAL:	679.43
	DEPARTMENT TOTAL:	679.43
	FUND TOTAL:	679.43



Invoice Number I	Invoice Description	Amount
701-HEALTH INSURANCE FUND		
20-HUMAN RESOURCES		
22-HEALTH INSURANCE		
2557-BLUE CROSS BLUE SHIELD OF WYOMING		
73205 V	WEEKLY CLAIMS LISTING	72,742.99
	VENDOR TOTAL:	72,742.99
2555-EXPRESS SCRIPTS INC		
73206 F	PRESCRIPTION DRUG COSTS	16,327.05
	VENDOR TOTAL:	16,327.05
	DIVISION TOTAL:	89,070.04
	DEPARTMENT TOTAL:	89,070.04
	FUND TOTAL:	89,070.04
	GRAND TOTAL:	89,749.47

Invoice Number	Invoice Description	Amount
001-GENERAL FUND		
00-UNDEFINED		
00-UNDEFINED		
2435-WYOMING STATE		
73422	DECEMBER 2017 SALES AND USE TAX	24.95
	VENDOR TOTAL:	24.95
	DIVISION TOTAL:	24.95
	DEPARTMENT TOTAL:	24.95
	FUND TOTAL:	24.95

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Invoice Number	Invoice Description	Amount
504-POWER FUND		
00-UNDEFINED		
00-UNDEFINED		
2435-WYOMING STATE		
73422	DECEMBER 2017 SALES AND USE TAX	103,619.55
	VENDOR TOTAL:	103,619.55
	DIVISION TOTAL:	103,619.55
	DEPARTMENT TOTAL:	103,619.55
	FUND TOTAL:	103,619.55

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Invoice Number	Invoice Description	Amount
505-SEWER FUND		
00-UNDEFINED		
00-UNDEFINED		
2435-WYOMING STATE		
73422	DECEMBER 2017 SALES AND USE TAX	104.00
	VENDOR TOTAL:	104.00
	DIVISION TOTAL:	104.00
	DEPARTMENT TOTAL:	104.00
	FUND TOTAL:	104.00

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Invoice Number	Invoice Description	Amount
701-HEALTH INSURANCE FUND		
20-HUMAN RESOURCES		
22-HEALTH INSURANCE		
2557-BLUE CROSS BLUE SHIELD OF WYOMING		
73423	JANUARY 2018 ADMIN FEES AND STOP/LOSS	52,833.42
73424	WEEKLY CLAIMS LISTING	37,769.20
	VENDOR TOTAL:	90,602.62
2555-EXPRESS SCRIPTS INC		
73425	PRESCRIPTION DRUG COSTS	10,087.72
	VENDOR TOTAL:	10,087.72
	DIVISION TOTAL:	100,690.34
	DEPARTMENT TOTAL:	100,690.34
	FUND TOTAL:	100,690.34
	GRAND TOTAL:	204,438.84

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