Expenditure Approval Report Check Approval Date of 06/01/2018

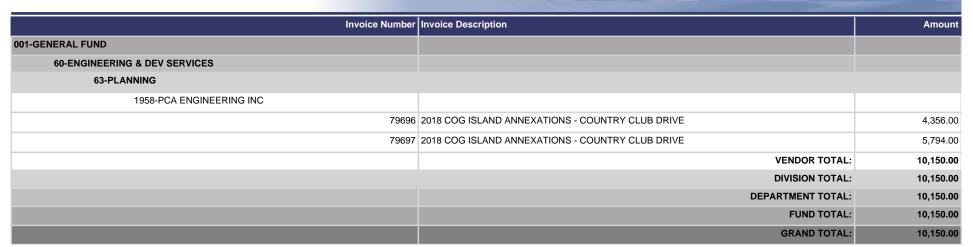
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|---|-------|
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| Invoice Description | Amount |
|---------------------|--------------------------------------|
| | |
| | |
| | |
| | |
| PAINT STRIPPING | 7,634.80 |
| PAINT STRIPPING | 669.60 |
| VENDOR TOTAL: | 8,304.40 |
| DIVISION TOTAL: | 8,304.40 |
| DEPARTMENT TOTAL: | 8,304.40 |
| FUND TOTAL: | 8,304.40 |
| | DIVISION TOTAL: DEPARTMENT TOTAL: |

Expenditure Approval Report Check Approval Date of 06/01/2018



Expenditure Approval Report Check Approval Date of 06/07/2018

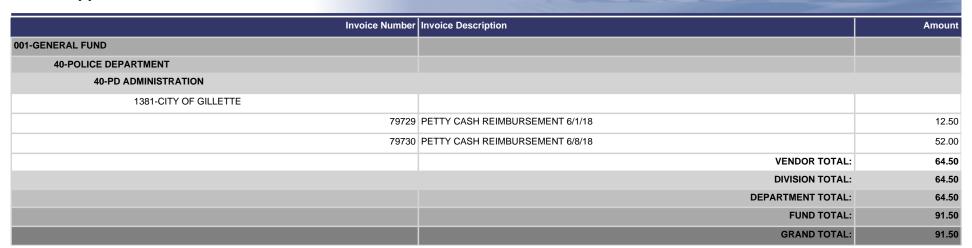


Expenditure Approval Report Check Approval Date of 06/11/2018

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| Invoice Number | Invoice Description | Amount |
|----------------------------|---------------------------------|--------|
| 001-GENERAL FUND | | |
| 30-ADMINISTRATIVE SERVICES | | |
| 31-CITY CLERK/PRINT SHOP | | |
| 1381-CITY OF GILLETTE | | |
| 79730 | PETTY CASH REIMBURSEMENT 6/8/18 | 27.00 |
| | VENDOR TOTAL: | 27.00 |
| | DIVISION TOTAL: | 27.00 |
| | DEPARTMENT TOTAL: | 27.00 |

Expenditure Approval Report Check Approval Date of 06/11/2018



Expenditure Approval Report Check Approval Date of 06/13/2018

| Invoice Number | Invoice Description | Amount |
|---|--|-----------|
| 701-HEALTH INSURANCE FUND | | |
| 20-HUMAN RESOURCES | | |
| 22-HEALTH INSURANCE | | |
| 1344-CAMPBELL COUNTY COORDINATED BENEFITS TRUST | | |
| 79851 | JUNE 2017 ADMIN FEES | 927.50 |
| 79852 | JUNE 2017 SHORT TERM DISABILITY ADMIN FEES | 127.50 |
| | VENDOR TOTAL: | 1,055.00 |
| 2503-DELTA DENTAL OF WYOMING | | |
| 79850 | MAY 2018 CLAIMS | 27,712.10 |
| | VENDOR TOTAL: | 27,712.10 |
| | DIVISION TOTAL: | 28,767.10 |
| | DEPARTMENT TOTAL: | 28,767.10 |
| | FUND TOTAL: | 28,767.10 |
| | GRAND TOTAL: | 28,767.10 |