Invoice Number	Invoice Description	Amount
001-GENERAL FUND		
00-UNDEFINED		
00-UNDEFINED		
3960-MII LIFE INSURANCE, INCORPORATED		
90736	WEEKLY CLAIMS	3,647.92
90737	WEEKLY CLAIMS	1,415.29
	VENDOR TOTAL:	5,063.21
	DIVISION TOTAL:	5,063.21
	DEPARTMENT TOTAL:	5,063.21
	FUND TOTAL:	5,063.21

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Invoice Number	Invoice Description	Amount
301-MADISON WATERLINE		
70-UTILITIES		
72-MADISON WATER LINE		
2838-COP WYOMING LLC		
90763	GILLETTE MADISON PIPELINE PROJ	23,400.00
	VENDOR TOTAL:	23,400.00
	DIVISION TOTAL:	23,400.00
	DEPARTMENT TOTAL:	23,400.00
	FUND TOTAL:	23,882.50

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Invoice Numbe	r Invoice Description	Amount
701-HEALTH INSURANCE FUND		
20-HUMAN RESOURCES		
22-HEALTH INSURANCE		
2557-BLUE CROSS BLUE SHIELD OF WYOMING		
9073	9 WEEKLY CLAIMS LISTING AND PRESCRIPTION DRUG COSTS	44,887.09
9074	0 WEEKLY CLAIMS LISTING	11,740.05
9074	1 WEEKLY CLAIMS LISTING AND PRESCRIPTION DRUG COSTS	19,148.86
9074	2 WEEKLY CLAIMS LISTING	31,761.64
	VENDOR TOTAL:	107,537.64
	DIVISION TOTAL:	107,537.64
	DEPARTMENT TOTAL:	107,537.64
	FUND TOTAL:	107,537.64
	GRAND TOTAL:	136,483.35