

**Expenditure Approval Report**  
**Check Approval Date of 05/24/2019**



Invoice Number		Invoice Description	Amount
001-GENERAL FUND			
00-UNDEFINED			
00-UNDEFINED			
3960-MII LIFE INSURANCE, INCORPORATED			
	94252	WEEKLY CLAIMS	3,471.69
	94253	WEEKLY CLAIMS	4,940.33
VENDOR TOTAL:			8,412.02
DIVISION TOTAL:			8,412.02
DEPARTMENT TOTAL:			8,412.02
FUND TOTAL:			8,412.02

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Invoice Number	Invoice Description	Amount
301-MADISON WATERLINE		
00-UNDEFINED		
00-UNDEFINED		
2595-WYOSTAR		
94256	MAY 2019 CAPITAL FACILITIES TAX	4,824.69
	<b>VENDOR TOTAL:</b>	<b>4,824.69</b>
	<b>DIVISION TOTAL:</b>	<b>4,824.69</b>
	<b>DEPARTMENT TOTAL:</b>	<b>4,824.69</b>
	<b>FUND TOTAL:</b>	<b>4,824.69</b>

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Invoice Number		Invoice Description	Amount
504-POWER FUND			
00-UNDEFINED			
00-UNDEFINED			
2288-WELLS FARGO BANK			
94254		WYGEN III SEMI-ANNUAL BOND PAYMENT	2,403,605.08
94255		CT II SEMI-ANNUAL BOND PAYMENT	1,334,345.13
VENDOR TOTAL:			3,737,950.21
DIVISION TOTAL:			3,737,950.21
DEPARTMENT TOTAL:			3,737,950.21

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Invoice Number		Invoice Description	Amount
504-POWER FUND			
70-UTILITIES			
74-POWER			
2493-BLACK HILLS POWER & LIGHT			
94249	ARPIL 2019 TRANSMISSION		170,314.02
94250	APRIL 2019 WYGEN III CAPITAL AND O&M		604,157.94
94251	APRIL 2019 CAPITAL AND O&M		55,019.82
VENDOR TOTAL:			829,491.78
DIVISION TOTAL:			829,491.78
DEPARTMENT TOTAL:			829,491.78
FUND TOTAL:			4,567,441.99

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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			
94257		2018 PREMIUM PAYMENTS	1,466.61
94258		WEEKLY CLAIMS	233.00
94259		WEEKLY CLAIMS AND PRESCRIPTION DRUG COSTS	31,694.34
94260		WEEKLY CLAIMS	159.23
94261		WEEKLY CLAIMS AND PRESCRIPTION DRUG COSTS	82,323.69
VENDOR TOTAL:			115,876.87
DIVISION TOTAL:			115,876.87
DEPARTMENT TOTAL:			115,876.87
FUND TOTAL:			115,876.87
GRAND TOTAL:			4,696,555.57