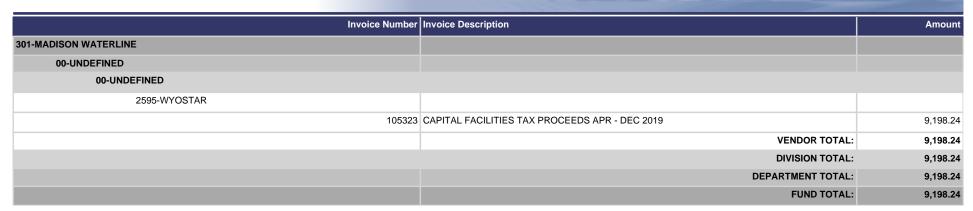
Invoice Number	Invoice Description	Amount
001-GENERAL FUND		
00-UNDEFINED		
00-UNDEFINED		
3960-MII LIFE INSURANCE, INCORPORATED		
105322	WEEKLY CLAIMS	7,014.33
	VENDOR TOTAL:	7,014.33
	DIVISION TOTAL:	7,014.33
	DEPARTMENT TOTAL:	7,014.33
	FUND TOTAL:	7,014.33

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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		
105324	WEEKLY CLAIMS LISTING AND PRESCRIPTION DRUG COSTS	66,749.09
	VENDOR TOTAL:	66,749.09
	DIVISION TOTAL:	66,749.09
	DEPARTMENT TOTAL:	66,749.09
	FUND TOTAL:	66,749.09
	GRAND TOTAL:	82,961.66

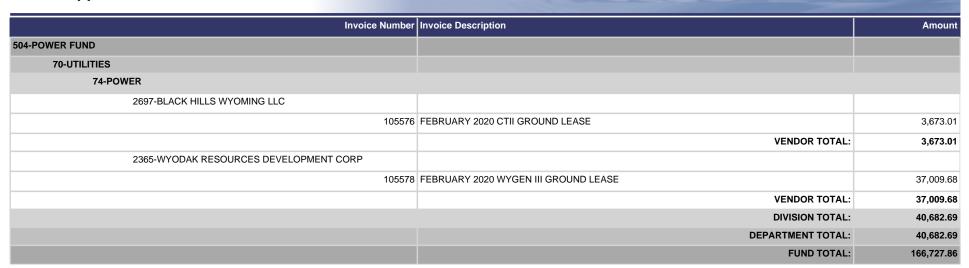
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Invoice Number Invoice Description	Amount
001-GENERAL FUND	
00-UNDEFINED	
00-UNDEFINED	
3960-MII LIFE INSURANCE, INCORPORATED	
105577 WEEKLY CLAIMS	4,999.13
VENDOR TOT.	AL: 4,999.13
2435-WYOMING STATE	
105579 JANUARY 2020 SALES AND USE TAX	6.63
VENDOR TOT.	AL: 6.63
2595-WYOSTAR	
105580 CITY FY19 CONTRIBUTION - SCBAS	123,750.00
VENDOR TOT.	AL: 123,750.00
DIVISION TOT.	AL: 128,755.76
DEPARTMENT TOT.	AL: 128,755.76
FUND TOT.	AL: 128,755.76

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Invoice Number	Invoice Description	Amount
504-POWER FUND		
00-UNDEFINED		
00-UNDEFINED		
2435-WYOMING STATE		
105579	JANUARY 2020 SALES AND USE TAX	126,045.17
	VENDOR TOTAL:	126,045.17
	DIVISION TOTAL:	126,045.17
	DEPARTMENT TOTAL:	126,045.17

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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		
105581	JANUARY 2020 ADMIN FEES AND STOP/LOSS	62,558.56
105582	WEEKLY CLAIMS LISTING AND PRESCRIPTION DRUG COSTS	66,257.72
	VENDOR TOTAL:	128,816.28
	DIVISION TOTAL:	128,816.28
	DEPARTMENT TOTAL:	128,816.28
	FUND TOTAL:	128,816.28
	GRAND TOTAL:	424,299.90

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