

Expenditure Approval Report Check Approval Date of 03/30/2020

Invoice Number		Invoice Description	Amount
701-HEALTH INSURANCE FUND			
20-HUMAN RESOURCES			
22-HEALTH INSURANCE			
2503-DELTA DENTAL OF WYOMING			
	107195	FEBRUARY 2020 CLAIMS	25,534.43
	107197	MARCH 2020 ADMIN FEES	943.50
		VENDOR TOTAL:	26,477.93
1912-GALLAGHER BENEFIT SERVICES, INC			
	107200	MARCH 2020 SHORT TERM DISABILITY	141.25
		VENDOR TOTAL:	141.25
1315-MOUNTAIN STATES EMPLOYERS COUNCIL INC			
	107198	MAR 20 - FEB 21 MEMBERSHIP DUES	3,000.00
		VENDOR TOTAL:	3,000.00
3960-MII LIFE INSURANCE, INCORPORATED			
	107199	MARCH 2020 PARTICIPANT FEE	266.50
		VENDOR TOTAL:	266.50
3687-OPTUM HEALTH FINANCIAL SERVICES			
	107196	COBRA PARTICIPANT FEE	145.75
		VENDOR TOTAL:	145.75
4067-VISION SERVICE PLAN (WY)			
	107201	MARCH 2020 VISION	3,963.12
		VENDOR TOTAL:	3,963.12
		DIVISION TOTAL:	33,994.55
		DEPARTMENT TOTAL:	33,994.55
		FUND TOTAL:	33,994.55
		GRAND TOTAL:	33,994.55