Expenditure Approval Report Check Approval Date of 03/27/2020

Invoice Numbe	Invoice Description	Amount
001-GENERAL FUND		
00-UNDEFINED		
00-UNDEFINED		
3960-MII LIFE INSURANCE, INCORPORATED		
107188	3 WEEKLY CLAIMS	4,088.38
107185	WEEKLY CLAIMS	4,443.34
107190	WEEKLY CLAIMS	3,641.01
	VENDOR TOTAL:	12,172.73
	DIVISION TOTAL:	12,172.73
	DEPARTMENT TOTAL:	12,172.73
	FUND TOTAL:	12,172.73

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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		
107191	WEEKLY CLAIMS LISTING AND PRESCRIPTION DRUG COSTS	82,792.84
107192	WEEKLY CLAIMS LISTING AND PRESCRIPTION DRUG COSTS	50,981.67
107193	WEEKLY CLAIMS LISTING AND PRESCRIPTION DRUG COSTS	176,458.55
	VENDOR TOTAL:	310,233.06
	DIVISION TOTAL:	310,233.06
	DEPARTMENT TOTAL:	310,233.06
	FUND TOTAL:	310,233.06
	GRAND TOTAL:	522,027.59