

**Expenditure Approval Report**  
**Check Approval Date of 05/22/2020**



|                                       | Invoice Number | Invoice Description      | Amount          |
|---------------------------------------|----------------|--------------------------|-----------------|
| 001-GENERAL FUND                      |                |                          |                 |
| 00-UNDEFINED                          |                |                          |                 |
| 00-UNDEFINED                          |                |                          |                 |
| 3960-MII LIFE INSURANCE, INCORPORATED |                |                          |                 |
|                                       | 109493         | WEEKLY CLAIMS            | 3,713.66        |
|                                       | 109494         | WEEKLY CLAIMS            | 1,190.24        |
|                                       |                | <b>VENDOR TOTAL:</b>     | <b>4,903.90</b> |
|                                       |                | <b>DIVISION TOTAL:</b>   | <b>4,903.90</b> |
|                                       |                | <b>DEPARTMENT TOTAL:</b> | <b>4,903.90</b> |
|                                       |                | <b>FUND TOTAL:</b>       | <b>4,903.90</b> |

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|                       | Invoice Number | Invoice Description                | Amount              |
|-----------------------|----------------|------------------------------------|---------------------|
| 504-POWER FUND        |                |                                    |                     |
| 00-UNDEFINED          |                |                                    |                     |
| 00-UNDEFINED          |                |                                    |                     |
| 2288-WELLS FARGO BANK |                |                                    |                     |
|                       | 109495         | CTII SEMI-ANNUAL BOND PAYMENT      | 1,331,460.84        |
|                       | 109496         | WYGEN III SEMI-ANNUAL BOND PAYMENT | 3,136,530.11        |
|                       |                | <b>VENDOR TOTAL:</b>               | <b>4,467,990.95</b> |
|                       |                | <b>DIVISION TOTAL:</b>             | <b>4,467,990.95</b> |
|                       |                | <b>DEPARTMENT TOTAL:</b>           | <b>4,467,990.95</b> |

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|--------------------------------|--------------------------------------|---------------------|
| 504-POWER FUND                 |                                      |                     |
| 70-UTILITIES                   |                                      |                     |
| 74-POWER                       |                                      |                     |
| 2493-BLACK HILLS POWER & LIGHT |                                      |                     |
| 109490                         | APRIL 2020 TRANSMISSION              | 184,160.46          |
| 109491                         | APRIL 2020 WYGEN III CAPITAL AND O&M | 520,226.45          |
|                                | <b>VENDOR TOTAL:</b>                 | <b>704,386.91</b>   |
| 2697-BLACK HILLS WYOMING LLC   |                                      |                     |
| 109492                         | APRIL 2020 CTII CAPITAL AND O&M      | 96,014.71           |
|                                | <b>VENDOR TOTAL:</b>                 | <b>96,014.71</b>    |
|                                | <b>DIVISION TOTAL:</b>               | <b>800,401.62</b>   |
|                                | <b>DEPARTMENT TOTAL:</b>             | <b>800,401.62</b>   |
|                                | <b>FUND TOTAL:</b>                   | <b>5,268,392.57</b> |

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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 |        |   |              |
|  | 109497 | WEEKLY CLAIMS AND PRESCRIPTION DRUG COSTS         | 122,910.37   |
|  | 109498 | WEEKLY CLAIMS LISTING AND PRESCRIPTION DRUG COSTS | 64,675.60    |
| VENDOR TOTAL:                          |        |   | 187,585.97   |
| DIVISION TOTAL:                        |        |   | 187,585.97   |
| DEPARTMENT TOTAL:                      |        |   | 187,585.97   |
| FUND TOTAL:                            |        |   | 187,585.97   |
| GRAND TOTAL:                           |        |   | 5,460,882.44 |