



Expenditure List

As Reviewed by the Finance & Budget Committee

Friday, August 31, 2018

Total \$56,530.23

Chairperson

Dan Foley

Vice Chairperson

Bill Andersen

Dan Callahan

Jim Fisher

Sheryl Ralph

John Sorich



Expenditure List Details

As Of Friday, August 31, 2018

Total \$56,530.23

Executive Summary Sorted By Descending Amounts

6050 Employee Health Ins	Fund Total \$55,397.56
108 Personnel Office	Department Total \$55,397.56
<i>500920 Self-Funded Program</i>	<i>\$55,397.56</i>
1000 General Fund	Fund Total \$1,132.67
103 Public Works	Department Total \$632.67
<i>460446 Golf Course</i>	<i>\$632.67</i>
133 City Court	Department Total \$250.00
<i>410360 Municipal Court</i>	<i>\$250.00</i>
115 J. P. Court II	Department Total \$250.00
<i>410340 Justice Court</i>	<i>\$250.00</i>

Expenditure Details

1000 General Fund

Fund Total \$1,132.67

103 Public Works

Department Total \$632.67

460446 Golf Course

Subtotal \$632.67

SUMMIT BEVERAGE

Vendor Total \$372.54

Claim #	Description	Account Number	Invoice / PO	Amount
936	CONCESSION SULLPIES - HIGHLAND VIEW	1000.103.4604.46.251	1785742 / 1901556	\$372.54

ZIP BEVERAGE

Vendor Total \$260.13

Claim #	Description	Account Number	Invoice / PO	Amount
956	CONVCESSION SUPPLIES/ADULT BEVERAGES - HIGHLAND VIEW	1000.103.4604.46.251	152825 / 1901598	\$260.13

1000 General Fund

Fund Total \$1,132.67

115 J. P. Court II

Department Total \$250.00

410340 Justice Court

Subtotal \$250.00

**COLJ CLERKS CONFERENCE
REGISTRATION**

Vendor Total \$250.00

Claim #	Description	Account Number	Invoice / PO	Amount
939	Clerk's Fall Conference Registration	1000.115.4103.40.380	082318CASTREN / 1901091	\$250.00

1000 General Fund

Fund Total \$1,132.67

133 City Court

Department Total \$250.00

410360 Municipal Court

Subtotal \$250.00

**COLJ CLERKS CONFERENCE
REGISTRATION**

Vendor Total \$250.00

Claim #	Description	Account Number	Invoice / PO	Amount
622	Clerks - COLJ Fall 2018 Conference	1000.133.4103.60.380	081318WOLSTEIN / 1901111	\$250.00

6050 Employee Health Ins

Fund Total \$55,397.56

108 Personnel Office

Department Total \$55,397.56

500920 Self-Funded Program

Subtotal \$55,397.56

ALLEGIANCE BENEFIT PLAN MANAGEMENT

Vendor Total \$55,397.56

Claim #	Description	Account Number	Invoice / PO	Amount
985	Health Insurance Fixed Costs September 2018	6050.108.5009.20.350	396305 / 1901630	\$55,397.56