

**Expenditure Approval Report**  
**Check Approval Date of 09/15/2016**



	Invoice Number	Invoice Description	Amount
001-GENERAL FUND			
00-UNDEFINED			
00-UNDEFINED			
2570-CITY OF GILLETTE-HEALTH PLAN			
	55116	REIMBURSE GREATWEST CONTR - TERMINIATED EMPLOYEE	37,729.80
		<b>VENDOR TOTAL:</b>	<b>37,729.80</b>
		<b>DIVISION TOTAL:</b>	<b>37,729.80</b>
		<b>DEPARTMENT TOTAL:</b>	<b>37,729.80</b>
		<b>FUND TOTAL:</b>	<b>37,729.80</b>
		<b>GRAND TOTAL:</b>	<b>37,729.80</b>

**Expenditure Approval Report**  
**Check Approval Date of 09/21/2016**



	Invoice Number	Invoice Description	Amount
701-HEALTH INSURANCE FUND			
20-HUMAN RESOURCES			
22-HEALTH INSURANCE			
2580-IRS - DEPARTMENT OF TREASURY			
	55131	PENTALTY FEES - FORM 720	60.67
		<b>VENDOR TOTAL:</b>	<b>60.67</b>
		<b>DIVISION TOTAL:</b>	<b>60.67</b>
		<b>DEPARTMENT TOTAL:</b>	<b>60.67</b>
		<b>FUND TOTAL:</b>	<b>60.67</b>
		<b>GRAND TOTAL:</b>	<b>60.67</b>