FREEHOLDER PAYMENT APPROVAL SHEET

Please sign below in the spaces provided to indicate your approval of the attached bill list which is scheduled for payment this month.  

February 21st, 2019

B. Laury
S. Griscom
M. Ostrum
L. Ware
C. Hessler

If you have any questions please contact me at 935-7510 ext 8427

Thank you, Kelly A. Hannigan
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**Total Void Amount:** 0.00
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### Bill List By Budget Account

**Account** | **Description** | **Item Description** | **Amount** | **Stat/Chk** | **Enc Date** | **Date** | **Invoice** | **PO Type**
--- | --- | --- | --- | --- | --- | --- | --- | ---
G-02-41-700-188-308 | **2018 AREA PLAN GRANT(JAN-DEC)/FURNITURE** | | | | |
18-03330 1 08715 | HERTRICH FLEET SERVICES | ~* | 2018 DODGE JOURNEY SE FWD | 17,999.00 | R | 10/29/18 | 02/13/19 |  
18-03330 2 08715 | HERTRICH FLEET SERVICES | ~* | FEES | 0.00 | R | 10/29/18 | 02/13/19 |  17,999.00

**Extnd Total:**

17,999.00

**Department Total:**

17,999.00

G-02-41-701-18C-305 | **2018 ALCOHOL COMP/DRUG ABUSE(CONTRIBUTN)** | | | | |
18-02175 2 13399 | MARYVILLE INC | | A/D OXFORD HOUSE SERVICES | 650.00 | R | 07/18/18 | 02/14/19 |  
18-02176 2 14181 | NEW HOPE FOUNDATION | ~* | A/D DETOX SERVICES | 1,925.00 | R | 07/18/18 | 02/14/19 |  B
18-02177 2 14181 | NEW HOPE FOUNDATION | ~* | A/D RESIDENTIAL SERVICES | 10,200.00 | R | 07/18/18 | 02/14/19 |  B
18-02179 4 08489 | HENDRICKS HOUSE | | NOVEMBER | 1,216.00 | R | 07/18/18 | 02/13/19 |  B
18-02179 5 08489 | HENDRICKS HOUSE | | DECEMBER | 1,718.00 | R | 07/18/18 | 02/13/19 |  B

**Extnd Total:**

15,709.00

G-02-41-701-18E-310 | **2018 PH PREP(PHILEP(LINCS 2019))/FRINGES** | | | | |
19-00093 1 03095 | CO OF SALEM FRINGE BENEFITS | | MEDICARE | 185.44 | R | 02/04/19 | 02/13/19 |  
19-00093 2 03095 | CO OF SALEM FRINGE BENEFITS | | SOCIAL SECURITY | 792.90 | R | 02/04/19 | 02/13/19 |  
19-00093 3 03095 | CO OF SALEM FRINGE BENEFITS | | DISABILITY INSURANCE | 434.82 | R | 02/04/19 | 02/13/19 |  
19-00093 4 03095 | CO OF SALEM FRINGE BENEFITS | | PENSION | 1,709.85 | R | 02/04/19 | 02/13/19 |  
19-00093 5 03095 | CO OF SALEM FRINGE BENEFITS | |  | 0.00 | R | 02/04/19 | 02/13/19 |  
19-00093 6 03095 | CO OF SALEM FRINGE BENEFITS | | WORKMANS COMP | 358.08 | R | 02/04/19 | 02/13/19 |  3,481.09

**Extnd Total:**

3,481.09

**Department Total:**

19,190.09
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