1-23-19

MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES

Date Uploaded to CDS:	1/4/2018										
Vendor Name	Vendor Address	Vendor City	Vendor State	Vendor Zip-Code	Payment Amount	Invoice #	Account Class	Account	Grant/Program Number	Object Number	Reason for Payment
Health Partners ON-LINE					$ 1,480.29	85235779	Local Public Health Grant	Health & Life Ins-County Share	100	6153	Remaining Nov Premium amount
						86302575					
Health Partners ON-LINE					$ 1,833.06		Local Public Health Grant	Health & Life Ins-County Share	100	6153	Jan Health Ins. Premium
					$ 1,463.00		Project Harmony Grant	Health & Life Ins-County Share	212	6153	Jan Health Ins. Premium
					$ 836.60		WIC-Admin	Health & Life Ins-County Share	225	6153	Jan Health Ins. Premium
					$ 1,112.93		Emergency Preparedness	Health & Life Ins-County Share	502	6153	Jan Health Ins. Premium
					$ 361.10		SHIP-Community	Health & Life Ins-County Share	230	6153	Jan Health Ins. Premium
				TOTAL	$ 5,606.69						

Diane L. Wind 01/17/2019

1-23-19

MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES
INVOICE PAYMENT REQUEST FORM

Date Uploaded to CDS:	1/4/2019										
Vendor Name	Vendor Address	Vendor City	Vendor State	Vendor Zip-Code	Payment Amount	Invoice #	Account Class	Account	Grant/Program Number	Object Number	Reason for Payment
Meeker County	114 N Holcombe Suite 250	Litchfield	MN	55355	$ 11,185.05		WIC-Admin	WIC County payment	225	6856	Oct 2018 Payment
					$ 75.00		Early Hearing Detection	rly Hearing & detection Cty Payme	203	6864	
					$ 6,146.47		SHIP-Workplace	SHIP County Payment	233	6865	Oct 2018 Payment
				TOTAL	$ 17,406.52						

Diane L. Winter 01/17/2019

1-23-19

MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES
INVOICE PAYMENT REQUEST FORM

Date Uploaded to CDS:	1/4/2019										
Vendor Name	Vendor Address	Vendor City	Vendor State	Vendor Zip-Code	Payment Amount	Invoice #	Account Class	Account	Grant/Program Number	Object Number	Reason for Payment
McLeod County	2391 Hennepin Ave N.	Glencoe	MN	55336	$ 13,774.17		WIC-Admin	WIC County payment	225	6856	October 2018 Payment
					$ 78.70		SHIP-Community	SHIP County Payment	230	6865	October 2018 Payment
				TOTAL	$ 13,852.87						

Diane L Winter 01/17/2019

MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES
INVOICE PAYMENT REQUEST FORM

1-23-19

Date Uploaded to CDS:	1/~~3~~/2019

Vendor Name	Vendor Address	Vendor City	Vendor State	Vendor Zip-Code	Payment Amount	Invoice #	Account Class	Account	Grant/Program Number	Object Number	Reason for Payment
Sibley County	111 8th St Box 237	Gaylord	MN	55334	$ 6,296.77		WIC-Admin	WIC County payment	225	6856	October 2018 Payment
					$ 24.00		WIC-Admin	WIC County payment	225	6856	Breastfeeding Pump Reimbursement Oct. 2018
					$ 3,124.85		SHIP-Community	SHIP County Payment	230	6865	October 2018 Payment
				TOTAL	$ 9,445.62						

Diane L Wind 01.1/2019

Elan Credit Card Statement - January 2018			12/05/18 - 01/03/19					
Date	Transaction	Name	Memo	Amount	Program Number	Program Name	Account	Account Description
1/3/2019	DEBIT	MINNESOTA YOUTH INTERV 763-434	24493989003200925100	-250	100	LPH	6245	Dues & Registration Fees
12/13/2018	DEBIT	COMFORT INN AIRPORT BLOOMINGT	24765018347750931307	-101.12	100	LPH	6336	Meals, Lodging & Parking
12/13/2018	DEBIT	OUTBACK 2417 BLOOMINGT	24692168346100005605	-16.66	100	LPH	6336	Meals, Lodging & Parking
12/12/2018	DEBIT	WAL-MART #1738 HUTCHINSO	24226388346400004252	-78.21	100	LPH	6402	Office Supplies
12/12/2018	DEBIT	Amazon.com*M06HK2YE1 Amzn.com	24692168345100747966	-106.86	100	LPH	6402	Office Supplies
12/7/2018	DEBIT	COBORN'S-GLENCOE GLENCOE	24427338340720003969	-33.22	100	LPH	6353	Meeting Expense
12/7/2018	DEBIT	UNHINGED PIZZA OF GLEN GLENCOE	24013398340000852304	-17.37	100	LPH	6353	Meeting Expense
12/7/2018	DEBIT	EB 17TH ANNUAL PREPAR 801-413-7	24492158340715665547	-50	502	PHEP	6245	Dues & Registration Fees
				-653.44				

Elan

January 2019 Statement
Open Date: 12/05/2018 Closing Date: 01/03/2019

Account: 4798 5100 6147 2771

Visa® Community Card
M M S CHS (CPN 001869756)

Cardmember Service
BUS 30 ELN
1-866-552-8855
2

New Balance	**$228.42**
Minimum Payment Due	**$228.42**
Payment Due Date	**02/01/2019**

Late Payment Warning: As a reminder, your card is a pay in full product. If we do not receive your payment in full by the date listed above, a fee of either 3.00% of the payment due or $39.00 minimum, whichever is greater, will apply.

Activity Summary

Previous Balance	-	$425.02CR
Payments		$0.00
Other Credits		$0.00
Purchases	+	$653.44
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$228.42**
Past Due		**$0.00**
Minimum Payment Due		**$228.42**
Credit Line		$1,500.00
Available Credit		$1,271.58
Days in Billing Period		30

RECEIVED
JAN 14 2018
BY: .....

Program:_____
Account #_____
Description:_____
Approved by:_____

Payment Options:

Mail payment coupon with a check

Pay online at myaccountaccess.com

Pay by phone 1-866-552-8855

No payment is required.

CPN 001869756

Elan

00479851006147277100002284200002284 20

Automatic Payment

Account Number:	4798 5100 6147 2771

Your new full balance of $228.42 will be automatically deducted from your account on 01/30/19.

24-Hour Cardmember Service: 1-866-552-8855

. to pay by phone
. to change your address

000003380 01 SP 000638982345737 P

M M S CHS
ACCOUNTS PAYABLE
1805 FORD AVE N STE 200
GLENCOE MN 55336-1371

Elan

M M S CHS (CPN 001869756) Cardmember Service 1-866-552-8855

Important Messages

Paying Interest: You have a 24 to 30 day interest-free period for Purchases provided you have paid your previous balance in full by the Payment Due Date shown on your monthly Account statement. In order to avoid additional INTEREST CHARGES on Purchases, you must pay your new balance in full by the Payment Due Date shown on the front of your monthly Account statement.

There is no interest-free period for transactions that post to the Account as Advances or Balance Transfers except as provided in any Offer Materials. Those transactions are subject to interest from the date they post to the Account until the date they are paid in full.

Your payment of $228.42 will be automatically deducted from your bank account on 01/30/2019. Please refer to your AutoPay Terms and Conditions for further information regarding this account feature.

Visa Payment Controls allows you to customize each of your employee's Visa business credit cards to control where, when, and how your employees use them. Easily set controls that limit card use by time of day or day of week, dollar amount, transaction types or geographical locations. Visit myaccountaccess.com/vpc to set up customized controls on your employees' business credit cards today.

Transactions ELBERT,ALETHEA M Credit Limit $1500

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
			Purchases and Other Debits		
12/07	12/06	9632	COBORN'S-GLENCOE GLENCOE MN	$33.22	
12/07	12/06	4296	UNHINGED PIZZA OF GLEN GLENCOE MN	$17.37	
12/07	12/06	7454	EB 17TH ANNUAL PREPAR 801-413-7200 CA	$50.00	
12/12	12/11	2310	WAL-MART #1738 HUTCHINSON MN	$78.21	
12/12	12/11	6661	Amazon.com*M06HK2YE1 Amzn.com/bill WA	$106.86	
12/13	12/12	7267	COMFORT INN AIRPORT BLOOMINGTON MN	$101.12	
12/13	12/12	5364	OUTBACK 2417 BLOOMINGTON MN	$16.66	
01/03	01/02	0019	MINNESOTA YOUTH INTERV 763-434-4190 MN	$250.00	
			Total for Account 4798 5100 6147 2789	$653.44	

2019 Totals Year-to-Date

Total Fees Charged in 2019	$0.00
Total Interest Charged in 2019	$0.00

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

**APR for current and future transactions.

Balance Type	Balance By Type	Balance Subject to Interest Rate	Variable	Interest Charge	Annual Percentage Rate	Expires with Statement
**BALANCE TRANSFER	$0.00	$0.00		$0.00	0.00%	
**PURCHASES	$228.42	$0.00		$0.00	0.00%	
ADVANCES	$0.00	$0.00		$0.00	0.00%	

Continued on Next Page

MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES
INVOICE PAYMENT REQUEST FORM

Date Uploaded to CDS:	1/23/2019										
Vendor Name	Vendor Address	Vendor City	Vendor State	Vendor Zip-Code	Payment Amount	Invoice #	Account Class	Account	Grant/Program Number	Object Number	Reason for Payment
Barna, Guzy & Steffen, Ltd	200 Coon Rapids Blvd NW, Suite 400	Minneapolis	MN	55433-5894	$ 360.00	196753	Local Public Health Grant	Other Charges & Services	100	6350	consultation
Conway Deuth & Schmiesing, PLLP	820 Sibley Ave N	Litchfield	MN	55355	$ 2,890.00	257451	Local Public Health Grant	Professional Services	100	6265	fiscal hosting
CDS Administrative Services, LL	PO Box 570	Willmar	MN	56201-0570	$ 132.70	38046	Local Public Health Grant	Professional Services	100	6265	HR on Demand
Doherty Staffing Solutions	CM 3808	St. Paul	MN	55170-3808	$ 922.45	161951	WIC Peer Grant	Professional Services	234	6265	WIC Peer Staffing
La Leche League	c/o Anne Ferguson, 4823 Caribou Dr	Minnetonka	MN	55345	$ 160.00	Jessica Remington	WIC Peer Grant	Dues & Registrations Fees	234	6245	LLL Conference - JR
Meeker County Admin	325 Sibley Ave N	Litchfield	MN	55355	$ 2,400.00	1901	Local Public Health Grant	Other Charges & Services	100	6350	1st quarter rent
Parameters, LTD	800 Hennepin, Suite 500	Minneapolis	MN	55403	$ 15,453.96	54212	Local Public Health Grant	Office Supplies	100	6402	Office Supplies
Powermind Systems, Inc	22320 Albatross Circle	Farmington	MN	55024	$ 97.67	2422	SHIP-Workplace	Professional Services	233	6265	Professional services

BGS
Barna, Guzy & Steffen, Ltd.
ATTORNEYS AT LAW
200 Coon Rapids Boulevard, Suite 400
Minneapolis, Minnesota 55433-5894

67180-001 SML
RE: JOINT POWERS AGREEMENT

STATEMENT DATE: 12/31/18 - CLOSING DATE: 12/31/18
STATEMENT NO: 196753 LB

Committed to serving you with these areas of law:
Estate and Tax Planning, Banking,
Commercial Litigation, Collections,
Personal Injury, Family, Business/Corporate,
Real Estate Transactions,
Labor and Governmental, Criminal Defense
Probate and Trust Administration

MEEKER-MCLEOD-SIBLEY
COMMUNITY HEALTH SERVICES
1805 FORD AVENUE #200
GLENCOE, MN 55336

AMOUNT REMITTED $_____

To Ensure Proper Credit, Please Return This Portion With Your Payment. Thank You.

We Accept Visa, MasterCard, Discover and American Express.
See Reverse for Payment by Credit Card.

Fed. Tax ID# 41-0975695

Payments Due Upon Receipt of Invoice
Unless Prior Arrangements Have Been Made.

BILLING SUMMARY

PREVIOUS BALANCE DUE	258.48
CURRENT BILLING (FEES AND DISBURSEMENTS)	360.00
LESS: PAYMENTS/CREDITS	258.48
TOTAL BALANCE DUE	**360.00**

Program: 100
Account # 6350
Description: consultation
Approved by: DLW

RECEIVED
JAN 14 2018
BY: .....

67180-001 SML
RE: JOINT POWERS AGREEMENT

STATEMENT DATE: 12/31/18 - CLOSING DATE: 12/31/18
STATEMENT NO: 196753 LB

Please Refer to Privacy Notice on Reverse Side.

BARNA, GUZY & STEFFEN, LTD.

400 NORTHTOWN FINANCIAL PLAZA
200 COON RAPIDS BOULEVARD
MINNEAPOLIS, MN 55433-5894
(763) 780-8500

STATEMENT AS OF DECEMBER 31, 2018
STATEMENT NO. 196753

MEEKER-MCLEOD-SIBLEY
COMMUNITY HEALTH SERVICES
1805 FORD AVENUE #200
GLENCOE, MN 55336

SML
67180-001
DECEMBER 31, 2018
STMT NO. 196753

67180-001: MEEKER-MCLEOD-SIBLEY/RE: JOINT POWERS AGREEMENT

PROFESSIONAL FEES		INITIALS	HOURS	AMOUNT
12/13/2018	REVIEW EMAILS AND ATTACHMENTS ON UPDATES FROM ALLIE; REVIEW DELEGATION AGREEMENT AND EXHIBITS RELATIVE TO OPEN ISSUES FOR DISCUSSION .	SML	1.00	200.00
12/14/2018	TELEPHONE CONFERENCE WITH MANAGEMENT TEAM.	SML	0.80	160.00
			TOTAL CURRENT FEES:	**360.00**
			TOTAL CURRENT BILLING:	**360.00**

PAYMENTS AND CREDITS

12/26/2018	PAYMENT	CK# 0000995253	258.48
		TOTAL PAYMENTS AND CREDITS:	**258.48**

BILLING SUMMARY

PREVIOUS BALANCE DUE	258.48
CURRENT BILLING (FEES AND DISBURSEMENTS)	360.00
LESS: PAYMENTS/CREDITS	258.48
TOTAL BALANCE DUE	**360.00**

CONWAY, DEUTH & SCHMIESING, PLLP
CPAS & ADVISORS
WILLMAR 331 3rd St SW, Ste 2, PO Box 570, Willmar, MN 56201 | (320) 235-3311
BENSON 1209 Pacific Ave, Ste 3, Benson, MN 56215 | (320) 843-2302
MORRIS 401 Atlantic Ave, Morris, MN 56267 | (320) 589-2602
LITCHFIELD 820 Sibley Ave N, Litchfield, MN 55355 | (320) 693-7975
SARTELL 2351 Connecticut Ave, Ste 110, Sartell, MN 56377 | (320) 252-7565

www.cdscpa.com
(888) 388-1040

MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH SERVICES
114 N HOLCOMBE #250
LITCHFIELD, MN 55355

Invoice: 257451
Date: 12/31/2018
Due Date: 01/24/2019
Client ID: L16175

Amount Due: $2,890.00

Please return this portion with payment.

Amount Enclosed: $_____

Invoice Date: 12/31/2018
MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH SERVICES
Invoice #257451

PREPARATION OF 12/5 AND 12/19/2018 and 1/2/2019 PAYROLLS AS WELL AS RELATED PAYROLL TAX DEPOSITS.	285.00
ADJUSTMENTS TO EMPLOYEE DEDUCTIONS AND PAYROLL REPORTS FOR NEW HEALTH INSURANCE PREMIUMS.	85.00
DECEMBER INVOICE PROCESSING/BILL PAY PER PROPOSAL.	215.00
MAKE ADJUSTMENTS TO NOVEMBER REPORTS AND PREPARE YTD REPORTS THROUGH NOVEMBER 2018 - REQUESTED BY ALLIE.	210.00
PREPARE AND SEND FORMS AS REQUESTED BY SIBLEY COUNTY.	35.00
RECLASSIFY INCOME AND EXPENSES FOR SPECIFIED GRANTS FOR 2018 PER ALLIE.	280.00
New Charges	$1,110.00

Beginning Balance	$5,765.00
Invoices	2,890.00
Receipts	(5,765.00)
Adjustments	0.00
Service Charges	0.00
Amount Due	$2,890.00

RECEIVED
JAN 14 2018
BY: .....

Program: 100
Acct. Prof. Services #6265
Approved By: DLW

CONWAY, DEUTH & SCHMIESING, PLLP
WILLMAR 331 3rd St SW, Ste 2, PO Box 570, Willmar, MN 56201 | (320) 235-3311
BENSON 1209 Pacific Ave, Ste 3, Benson, MN 56215 | (320) 843-2302
MORRIS 401 Atlantic Ave, Morris, MN 56267 | (320) 589-2602
LITCHFIELD 820 Sibley Ave N, Litchfield, MN 55355 | (320) 693-7975
SARTELL 2351 Connecticut Ave, Ste 110, Sartell, MN 56377 | (320) 252-7565

www.cdscpa.com
(888) 388-1040

CDSA

CDS ADMINISTRATIVE SERVICES, LLC

Providing employee benefits administration since 1995.

MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES
114 N HOLCOMBE AVE #250
LITCHFIELD, MN 55355

Invoice: 38046
Date: 12/31/2018
Due Date: 01/25/2019
Client ID: 15518W

Amount Due: $132.70

Please return this portion with payment.

Amount Enclosed: $_____

Invoice Date: 12/31/2018
MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES
Invoice #38046

CAFETERIA ADMINISTRATION FEE FOR DECEMBER 2018.	55.00
HR ON-DEMAND	40.00
New Charges	$95.00

Program: 6265
Account # 100
Description: CPA | accounting
Approved by: DLW

Beginning Balance	$37.70
Invoices	95.00
Receipts	0.00
Adjustments	0.00
Service Charges	0.00
Amount Due	$132.70

12/31/2018	11/30/2018	10/31/2018	09/30/2018	08/31/2018+	Total

E

Doherty
THE EMPLOYMENT EXPERTS

Remit To: Doherty Staffing Solutions
CM 3808
St. Paul, MN 55170-3808

Meeker - McLeod - Sibley Community Health Services
1805 Ford Ave N, Ste. 200
Glencoe, MN 55336

INVOICE

Invoice Amount

Payment Terms	Invoice Date
Net On Receipt	
Invoice No.	**Customer No.**
161951	62486

Make Check Payable to Doherty Staffing Solutions, Inc.

A service charge (annual percentage rate of 18%) is charged on all unpaid invoices.

Customer Name	Department	Customer No.	Payment Terms
Meeker - McLeod - Sibley Community Health Services	Corporate	62486	Net On Receipt

Description	Shift	Type	Units	Rate	Amount
WeekWork Ending: Dec 16 2018 12:00AM					
Collett, Emily	Consultant	Reg	5.25	$18.68	$98.07
Nicholson, Andrea Joy	Consultant	Reg	5.25	$21.71	$113.98
Schlueter, Meg L	Consultant	Reg	5.00	$18.68	$93.40
		Total This WeekWork Ending:			**$305.45**
WeekWork Ending: Dec 23 2018 12:00AM					
Nicholson, Andrea Joy	Consultant	Reg	1.00	$21.71	$21.71
Schlueter, Meg L	Consultant	Reg	2.75	$18.68	$51.37
		Total This WeekWork Ending:			**$73.08**
WeekWork Ending: Dec 30 2018 12:00AM					
Collett, Emily	Consultant	Reg	2.50	$18.68	$46.70
Nicholson, Andrea Joy	Consultant	Reg	3.75	$21.71	$81.41
Schlueter, Meg L	Consultant	Reg	4.50	$18.68	$84.06
		Total This WeekWork Ending:			**$212.17**
WeekWork Ending: Jan 6 2019 12:00AM					
Collett, Emily	Consultant	Reg	1.25	$18.68	$23.35
Collett, Emily	Consultant	Expense Reimbursement	1.00	$21.80	$21.80
Nicholson, Andrea Joy	Consultant	Reg	5.75	$21.71	$124.83
Nicholson, Andrea Joy	Consultant	Expense Reimbursement	1.00	$34.88	$34.88
Schlueter, Meg L	Consultant	Reg	5.00	$18.68	$93.40

Thank You For Your Business!

If you have any questions,Call (952) 832-8376

Program: 234
Acct #: 6265
Desc.: WIC Peer Staffing
Approved By: DLW

Description		Shift	Type	Units	Rate	Amount
Schlueter, Meg L	Consultant		Expense Reimbursement	1.00	$19.62	$19.62
			Total This WeekWork Ending:			$317.88

ACAAdminFee	$13.87
Reg: 42 OT: 0 DT: 0 Total Hours: 45	Total - This Invoice: $922.45
	IF PAID AFTER : 02/05/2019 $936.29

Thank You For Your Business!

If you have any questions,Call (952) 832-8376

Julie Schrum - Fwd: Where to send a check for LLL conference

From: Diane Winter
To: Julie Schrum
Date: 1/22/2019 12:40 PM
Subject: Fwd: Where to send a check for LLL conference
Attachments: Diane Winter.vcf

Is this enough info to process Jessica's registration?

Please send a check for my $160 registration fee for the LLL conference in April to:

La Leche League of Minnesota/Dakotas
c/o Anne Ferguson
4823 Caribou Drive
Minnetonka, MN 55345

Please be sure to include my name, email address, phone number and mailing address with your check. (see below)

Jessica Remington
jessica.remington@mmspublichealth.org
320-582-1700
Meeker-McLeod-Sibley Community Health Services
114 N Holcombe, Suite 250
Litchfield, MN 55355

Thanks!

Jessica

LOC
Program: Peer BreastFeeding
Account # 4245 Dues + Regis.
Description: JR LLL Conference
Approved by: _____

(/)

Home (/) Get Help (/get-help.html) Conferences (/conferences.html)

Find A Group (/find-a-group.html) Find a Meeting (/find-a-meeting.html)

Health Care Providers (/health-care-providers.html) For Leaders (/for-leaders.html)

Leadership Team (/leadership-team.html) Cart (0)

Important Details

La Leche League of Minnesota/Dakotas
2019 Area Conference
Date: Friday, April 26, 2019
Time: 7:30 a.m-4:30 p.m.
Location: University of Minnesota Continuing Education and Convention Center
Address: 1890 Buford Ave., St. Paul, MN 55108

2019 Pricing and Registration Information

Regular Price: $160
LLL Members: $120
LLL Leaders/Applicants and Alumna: $50

Prices include breakfast, snack, coffee, lunch, and CERPs/Nursing Contact hours (if needed)

We have a scholarship program available for families who want to attend the conference but cannot afford the full cost. Please click here (/scholarships1.html) to read more and apply.

La Leche League Leaders are volunteers who have experienced the joy of breastfeeding/chestfeeding and volunteer their time to help other mothers meet their breastfeeding/chestfeeding goals. Any person needing breastfeeding/chestfeeding help can contact their local Leader for information and encouragement for no cost or attend free meetings in their area. Your attendance at our event helps support the work of La Leche League Leaders in our Area. Thank you!

Babies in arms are welcome at this event.
There will be a pumping room available.
Parking is $7 to be paid by the attendee in Lot 104 next to the venue. $5 parking in Lot 108 slightly further away is also available. Click here (/uploads/1/4/1/9/14194761/directions.pdf) to access directions and parking information.

MEEKER COUNTY

Meeker County Administrator

325 Sibley Avenue North
Litchfield, MN 55355
P 320-693-5200 | F 320-693-5287

INVOICE

DATE: December 3, 2018
INVOICE #: 1901
DUE DATE: January 4, 2019

BILL TO:
Allie Elberg
MMS Community Health Board
114 Holcombe Ave N, #250
Litchfield, MN 55355

DESCRIPTION	MONTHS	RATE	AMOUNT
1st quarter 2019 office rent @ Meeker Co FSC for Jan-Mar 2019	3.00	$800.00	$ 2,400.00
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
		SUBTOTAL	$ 2,400.00
		TAX RATE	
		SALES TAX	$ -
		OTHER	
		TOTAL	$ 2,400.00

Program - 100 (LPHG)
Acct # 6350 - Other Charges & Services
DLW

Remit to:

MEEKER COUNTY TREASURER: 325 Sibley Avenue North, Litchfield, MN 55355

THANK YOU FOR YOUR BUSINESS!

parameters

Invoice

Remit To:
Parameters, LTD
800 Hennepin
Suite 500
Minneapolis, MN 55403
Phone: 952-903-5200
Fax: 952-903-5293
Email: saune@parameters.com

Invoice Number	54212
Invoice Date	01/22/2019
Customer PO No	Signed Proposal
Sales Order No	9188
Customer Name	MEEKER
Salesperson	Andy Dusek
Project Number	
Due Date	02/01/2019
Terms	NET 10 DAYS
Page	1 of 5

TO
Meeker-McLeod-Sibley Community Health Services
114 N Holcombe Ave
Litchfield, MN 55355

ATTN: Julie Kloeckl
Phone: 320-510-4839

SHIP TO
Meeker-McLeod-Sibley Community Health Services
114 N Holcombe Ave
Litchfield, MN 55355

ATTN: Julie Kloeckl
Phone: 320-510-4839

Line	Quantity	Catalog Number/Description	Unit Price	Extended Amount
1	1.00 Each	M-LF230-A--$(CORE)-.MPT5 Ridgeline Lateral- 2-Dwr 30W A-Pull Mark Line For: U Shaped Desk	353.97	353.97
2	1.00 Each	M-MDCBK29--$(CORE)-.MPT5 Maxon Desking Bridge Brackets Mark Line For: U Shaped Desk	43.01	43.01
3	4.00 Each	M-MDEP24--$(CORE)-.MPT5 Maxon Desking End Panel Leg 24" Mark Line For: U Shaped Desk	51.98	207.92
4	1.00 Each	M-MDHO1572E--$(CORE)-.MPT5 Max Desking FullHtch 15x72 Opn Lwr.Bk StlPtd Drs Mark Line For: U Shaped Desk	405.26	405.26
5	1.00 Each	M-MDMP54HP--$(CORE)-.MPT5 Maxon Desking Modesty Panel 54" Half Mod Mark Line For: U Shaped Desk	40.71	40.71
6	1.00 Each	M-MDMP60FP--$(CORE)-.MPT5 Maxon Desking Modesty Panel 60" Full Mod. Mark Line For: U Shaped Desk	44.62	44.62
7	1.00 Each	M-MDMP60HP--$(CORE)-.MPT5 Maxon Desking Modesty Panel 60" Half Mod Mark Line For: U Shaped Desk	41.86	41.86
8	1.00 Each	M-URW3060N--$(L1STD)-.PINC-.PINC Univ Rec WS 30 x 60 No Grommets Mark Line For: U Shaped Desk	111.09	111.09
9	1.00 Each	M-URW2448--$(L1STD)-.PINC-.PINC Univ Rec WS 24 x 48 Mark Line For: U Shaped Desk	92.92	92.92
10	1.00 Each	M-URW2460--$(L1STD)-.PINC-.PINC Univ Rec WS 24 x 60 Mark Line For: U Shaped Desk	101.66	101.66
11	1.00 Each	M-USL54 Task Light 54W Mark Line For: U Shaped Desk	80.73	80.73
12	1.00 Each	M-DT--$(CORE)-.MPT5 Non Handed Diagonal Tray Mark Line For: U Shaped Desk	45.31	45.31
13	1.00 Each	M-LT--$(CORE)-.MPT5 Letter Tray (Letter Size Only)	32.66	32.66

parameters

Invoice

Remit To:
Parameters, LTD
800 Hennepin
Suite 500
Minneapolis, MN 55403
Phone: 952-903-5200
Fax: 952-903-5293
Email: saune@parameters.com

Invoice Number	54212
Invoice Date	01/22/2019
Customer PO No	Signed Proposal
Sales Order No	9188
Customer Name	MEEKER
Salesperson	Andy Dusek
Project Number	
Due Date	02/01/2019
Terms	NET 10 DAYS
Page	2 of 5

		Mark Line For: U Shaped Desk		
14	1.00 Each	M-MDPAR72--$(CORE)-.MPT5 Maxon Desking Accessory Rail 72W Mark Line For: U Shaped Desk	70.84	70.84
15	1.00 Each	M-TB--$(CORE)-.MPT5 Tool Box Mark Line For: U Shaped Desk	26.22	26.22
16	3.00 Each	M-LC--.X Lock Core Kit Mark Line For: U Shape Desk	8.28	24.84
17	1.00 Each	M-MDHT1572--$(CORE)-.MPT5-$(A)-.CU-47 Maxon Desking H B and T 15H72W Mark Line For: U Shaped Desk	105.57	105.57
18	1.00 Each	M-BS72--$(CORE)-.MPT5 Bookcase - 72H 5-Shelf Mark Line For: U Shaped Desk - Bookcase	276.23	276.23
19	1.00 Each	M-PPX27FG--$(CORE)-.MPT5 Prepare Medium Seated Height with Glides Mark Line For: Side Table	119.60	119.60
20	1.00 Each	M-PP30RND--$(L1STD)-.PINC-.PINC Prepare Round TT 30"- No Power Caddy Mark Line For: Side Table	119.60	119.60
21	1.00 Each	M-SENP252 Northport Exec Hi-Back 360 Swiv Tilt Adj Arms Mark Line For: Desk Chair	233.45	233.45
22	3.00 Each	M-LC--.X Lock Core Kit Mark Line For: L Shape Desk	8.28	24.84
23	1.00 Each	M-ICCAUC2415--$(1)-.CU-47 Include 24Dx15W Credenza Cushion Mark Line For: L Shaped Desk	78.43	78.43
24	1.00 Each	M-ICPM271524FFMA--$(CORE)-.MPT5-.L F/F 27Hx24D Mob Ped Mtl-A-Pull Mark Line For: L Shape Desk	235.52	235.52
25	1.00 Each	M-DT--$(CORE)-.MPT5 Non Handed Diagonal Tray Mark Line For: L Shape Desk	45.31	45.31
26	2.00 Each	M-LT--$(CORE)-.MPT5 Letter Tray (Letter Size Only) Mark Line For: L Shape Desk	32.66	65.32
27	1.00 Each	M-MDEP24--$(CORE)-.MPT5 Maxon Desking End Panel Leg 24" Mark Line For: L Shape Desk	51.98	51.98
28	1.00 Each	M-MDHO1572E--$(CORE)-.MPT5 Max Desking FullHtch 15x72 Opn Lwr.Bk StlPtd Drs Mark Line For: L Shape Desk	405.26	405.26
29	1.00		105.57	105.57

parameters

Invoice

Remit To:
Parameters, LTD
800 Hennepin
Suite 500
Minneapolis, MN 55403
Phone: 952-903-5200
Fax: 952-903-5293
Email: saune@parameters.com

Invoice Number	54212
Invoice Date	01/22/2019
Customer PO No	Signed Proposal
Sales Order No	9188
Customer Name	MEEKER
Salesperson	Andy Dusek
Project Number	
Due Date	02/01/2019
Terms	NET 10 DAYS
Page	3 of 5

	Each	M-MDHT1572--$(CORE)-.MPT5-$(A)-.CU-47 Maxon Desking H B and T 15H72W Mark Line For: L Shape Desk		
30	1.00 Each	M-MDPAR72--$(CORE)-.MPT5 Maxon Desking Accessory Rail 72W Mark Line For: L Shape Desk	70.84	70.84
31	1.00 Each	M-MDPG--$(CORE)-.MPT5 Maxon Desking Gusset Support (pr) Mark Line For: L Shape Desk	24.61	24.61
32	1.00 Each	M-MDPM66--$(CORE)-.MPT5 Maxon Desking Peninsula Modesty Panel 66W Mark Line For: L Shape Desk	108.56	108.56
33	1.00 Each	M-URW2442--$(L1STD)-.PINC-.PINC Univ Rec WS 24 x 42 Mark Line For: L Shape Desk	85.33	85.33
34	1.00 Each	M-URW3072--$(L1STD)-.PINC-.PINC Univ Rec WS 30 x 72 Mark Line For: L Shape Desk	129.49	129.49
35	1.00 Each	M-FB24 Worksurface Flat Bracket 24L Charcoal Mark Line For: L Shape Desk	13.80	13.80
36	1.00 Each	M-PPSC72 Prepare External Table Top Sup Chnl 60" Mark Line For: L Shape Desk	57.50	57.50
37	2.00 Each	M-SL3028O--$(CORE)-.MPT5 30"D x 28"H O-Leg Support Mark Line For: L Shape Desk	74.75	149.50
38	1.00 Each	M-PPBC2S--$(CORE)-.MPBL Prepare 2-Stage C-leg Elec Pow Base 2 legs Mark Line For: Height Adjustable Desk	669.99	669.99
39	1.00 Each	M-PPBCMC Prepare Memory Controls for C-leg base Mark Line For: Height Adjustable Desk	71.76	71.76
40	1.00 Each	M-PPHA7224--$(L1STD)-.PINC-.PINC Prepare REC HA 72Wx24W Mark Line For: Height Adjustable Desk	137.77	137.77
41	1.00 Each	M-MDPM66--$(CORE)-.MPT5 Maxon Desking Peninsula Modesty Panel 66W Mark Line For: Height Adjustable Desk	108.56	108.56
42	1.00 Each	M-PPSC72 Prepare External Table Top Sup Chnl 60" Mark Line For: Height Adjustable Desk	57.50	57.50
43	1.00 Each	M-SENP252 Northport Exec Hi-Back 360 Swiv Tilt Adj Arms Mark Line For: Desk Chair	233.45	233.45
44	1.00 Each	M-BS72--$(CORE)-.MPT5 Bookcase - 72H 5-Shelf	276.23	276.23

parameters

Invoice

Remit To:
Parameters, LTD
800 Hennepin
Suite 500
Minneapolis, MN 55403
Phone: 952-903-5200
Fax: 952-903-5293
Email: saune@parameters.com

Invoice Number	54212
Invoice Date	01/22/2019
Customer PO No	Signed Proposal
Sales Order No	9188
Customer Name	MEEKER
Salesperson	Andy Dusek
Project Number	
Due Date	02/01/2019
Terms	NET 10 DAYS
Page	4 of 5

		Mark Line For: L Shaped Desk - Bookcase		
45	1.00 Each	M-LC--.X Lock Core Kit Mark Line For: L Shaped Desk-B	8.28	8.28
46	1.00 Each	M-ICCAUC2415--$(1)-.CU-47 Include 24Dx15W Credenza Cushion Mark Line For: L Shaped Desk-B	78.43	78.43
47	1.00 Each	M-ICPM271524FFMA--$(CORE)-.MPT5-.L F/F 27Hx24D Mob Ped Mtl-A-Pull Mark Line For: L Shaped Desk-B	235.52	235.52
48	1.00 Each	M-MDEP24--$(CORE)-.MPT5 Maxon Desking End Panel Leg 24" Mark Line For: L Shaped Desk-B	51.98	51.98
49	1.00 Each	M-MDPG--$(CORE)-.MPT5 Maxon Desking Gusset Support (pr) Mark Line For: L Shaped Desk-B	24.61	24.61
50	1.00 Each	M-MDPM66--$(CORE)-.MPT5 Maxon Desking Peninsula Modesty Panel 66W Mark Line For: L Shaped Desk-B	108.56	108.56
51	1.00 Each	M-URW2442--$(L1STD)-.PINC-.PINC Univ Rec WS 24 x 42 Mark Line For: L Shaped Desk-B	85.33	85.33
52	1.00 Each	M-URW3072--$(L1STD)-.PINC-.PINC Univ Rec WS 30 x 72 Mark Line For: L Shaped Desk-B	129.49	129.49
53	1.00 Each	M-FB24 Worksurface Flat Bracket 24L Charcoal Mark Line For: L Shaped Desk-B	13.80	13.80
54	1.00 Each	M-PPSC72 Prepare External Table Top Sup Chnl 60" Mark Line For: L Shaped Desk-B	57.50	57.50
55	2.00 Each	M-SL3028O--$(CORE)-.MPT5 30"D x 28"H O-Leg Support Mark Line For: L Shaped Desk-B	74.75	149.50
56	1.00 Each	M-SENP252 Northport Exec Hi-Back 360 Swiv Tilt Adj Arms Mark Line For: Desk Chair	233.45	233.45
57	1.00 Each	M-BS72--$(CORE)-.MPT5 Bookcase - 72H 5-Shelf Mark Line For: L Shaped Desk - Bookcase	276.23	276.23
58	8.00 Each	M-PP2448RE--$(L1STD)-.PINC-.PINC Prepare REC TT 24Dx48W No Power Caddy Mark Line For: Conf Tables	107.64	861.12
59	8.00 Each	M-PPFLIP24L--$(CORE)-.MPT5 Prepare Flip Top Base for 24 x 48 Tops Mark Line For: Conf Tables	170.20	1,361.60
60	8.00		11.96	95.68

parameters

Invoice

Remit To:
Parameters, LTD
800 Hennepin
Suite 500
Minneapolis, MN 55403
Phone: 952-903-5200
Fax: 952-903-5293
Email: saune@parameters.com

Invoice Number	54212
Invoice Date	01/22/2019
Customer PO No	Signed Proposal
Sales Order No	9188
Customer Name	MEEKER
Salesperson	Andy Dusek
Project Number	
Due Date	02/01/2019
Terms	NET 10 DAYS
Page	5 of 5

	Each	M-PPGNB Prepare 2 PACK Ganging Bracket Mark Line For: Conf Tables		
61	20.00 Each	M-SENP103 NP Mob Nesting Mark Line For: Conf Chairs	151.80	3,036.00
62	1.00 Each	M-ICCSF226018LBFOLA--$(CORE)-.MPT5-.L-$(L1STD)-.PINC-.MPPL 22Hx60Wx18D LH Open/File Lam Front Mark Line For: Multi-use media and storage unit	707.02	707.02
63	1.00 Each	M-LC--.X Lock Core Kit Mark Line For: Mulit-use media and storage	8.28	8.28
64	1.00 Each	INSTALL Installation	1,980.00	1,980.00
65	1.00 Each	FEE Tariff Fee	166.39	166.39
66	2.00 Each	M-SENP108 NP Guest Multi-Purp Stacking Leg Base Arm Mark Line For: Guest Chair	0.00	0.00
			Sub-Total :	$15,453.96
			Please Pay This Amount :	**$15,453.96**

A FINANCE CHARGE OF 1-1/2% PER MONTH WHICH IS AN ANNUAL PERCENTAGE RATE OF 18% WILL BE CHARGED ON ACCOUNTS PAST DUE.

Punch Issues Not Yet Resolved
Please feel free to hold 10% as retainage until the issues have been resolved

Program: LPHG #100
Account # 6402
Description: Office Supplies
Approved by: DLW

Powermind Systems, Inc.

22320 Albatross Circle
Farmington, MN 55024
651-492-2112

Invoice

Date	Invoice #
1/20/2019	2422

Bill To
Pam Bagley Meeker County

Program: SHIP Workplace, t# 233
Account # Prof. Services 6265
Description: Prof Services
Approved by: ALC

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
168.4	Wellness meeting mileage	0.58	97.67

Phone #	Total	$97.67
651-460-8205		

MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES
INVOICE PAYMENT REQUEST FORM

Date Uploaded to CDS:	1/11/2019										
Vendor Name	Vendor Address	Vendor City	Vendor State	Vendor Zip-Code	Payment Amount	Invoice #	Account Class	Account	Grant/Program Number	Object Number	Reason for Payment
Reliance Standard Life Ins Co	PO Box 3124	Southeastern	PA	19398-3124	$ 84.32	GL753947	Local Public Health Grant	Health & Life Ins-County Share	100	6153	LTD & AD&D
City Of Hutchinson	111 Hassan St SE	Hutchinson	MN	55350	$ 40.00	43158	CRABC	Other Charges & Services	104	6350	CRABC Shelter Rental

INVOICE

City Of Hutchinson
111 Hassan ST SE
Hutchinson, MN 55350

Customer #:	132327
Invoice Number:	0000043158
Service Date:	08/03/2019
Invoice Date:	01/03/2019
Terms:	N30
Due Date:	02/02/2019
Balance Due:	**$40.00**

MCLEOD COUNTY PUBLIC HEALTH
JAYME KRAUTH
1805 FORD AVE N, STE 200
GLENCOE, MN 55336

*pay out of MMS CHS Crow River Area Breastfeeding account

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
1.000	SHELTER RENTAL	$40.00	$40.00

Program: 104 CRABC
Account # 6350 Other Charges + Services
Description: CRABC Shelter Rental
Approved by: _____

NOTES: ROTARY PARK SHELTER 8/3/19 9AM - 12PM

Total Invoice:	$40.00
Adjustments:	$0.00
Payments Applied:	$0.00
Invoice Balance:	**$40.00**

PLEASE MAKE CHECKS PAYABLE TO: CITY OF HUTCHINSON

Please keep top portion for your records

Please detach bottom portion and return with payment

REMIT PAYMENT TO:
CITY OF HUTCHINSON
111 HASSAN ST SE
HUTCHINSON, MN 55350

CUSTOMER:
MCLEOD COUNTY PUBLIC HEALTH
INVOICE DESCRIPTION:
SHELTER RENTAL

Customer ID:	132327
Invoice Number:	0000043158
Service Date:	08/03/2019
Invoice Date:	01/03/2019
Terms:	N30
Due Date:	02/02/2019
Balance Due:	**$40.00**

$ _____
AMOUNT PAID

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

Reliance Standard Life Remittance Form - PLEASE RETURN WITH YOUR PAYMENT

Please remit payment To:

Reliance Standard Life Insurance Company
P.O. Box 3124
Southeastern PA 19398-3124

NSC - TEAM H

This remittance form is a copy of the "Current Premium Totals by Coverage" Page. It must be returned to ensure that your premium payment is properly allocated.

Master Policy # : GL753947 **Bill Group Name :** Meeker-McLeod-Sibley Community Health Services **Bill Group # :** 01000001 **Due Date :** 01/01/19

REPORTED ON 01/01/19 STATEMENT FOR GL753947					
Coverage	**Lives**	**Coverage Amount**	**Current Premium**	**Premium Adjustments**	**Total**
Basic Life/AD&D	7	$175,000.00	$48.25		$48.25
TOTAL			**$48.25**		**$48.25**

REPORTED ON 01/01/19 STATEMENT FOR LTD728983					
Coverage	**Lives**	**Coverage Amount**	**Current Premium**	**Premium Adjustments**	**Total**
Long Term Disability	2	$12,209.60	$112.63		$112.63
TOTAL			**$112.63**		**$112.63**

Due & Unpaid	:	$0.00
Current Premium	:	$160.88
Adjustments	:	$0.00
Additional Fees	:	$5.00
Less Payment	:	$81.56
Total Premium Due	:	$160.88
Premium Due Date	:	01/01/19

Customer Care: Questions regarding this invoice, claims or general inquiries: 1-800-351-7500.

Balance Due : $84.32

Program: LPHG

Account # 100 6154

Description: ~~USAA~~ 6153

Approved by: Diane Wind

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

Plan Information*

GL753947	Service Waiting Period for Newly Eligible Employees	Class	Schedule Type	Maximum Benefit	GI Amount From	GI Amount To	GI Amount Amount	Rate Basis	Rate Varying Factor	Rate
Basic Life/AD&D	No Differentiation, 30 Days	1 Core	Flat					Per $1000	0 - 29	$0.0700
									30 - 34	$0.0900
									35 - 39	$0.1100
									40 - 44	$0.1400
									45 - 49	$0.2300
					60	69	$50,000		50 - 54	$0.3500
									55 - 59	$0.5600
					1	59	$50,000		60 - 64	$0.8700
									65 - 69	$1.4300
									70 - 74	$2.5600
									75 - 99	$4.1500

LTD728983	Service Waiting Period for Newly Eligible Employees	Class	Schedule Type	Maximum Monthly Covered Earnings	GI Amount From	GI Amount To	GI Amount Amount	Rate Basis	Rate Varying Factor	Rate
Long Term Disability	No Differentiation, 30 Days	1 Core	Salary-1	$12,500				Per $100	0 - 29	$0.5500
									30 - 34	$0.7100
									35 - 39	$0.8400
									40 - 44	$1.0800
									45 - 49	$1.5500
									50 - 54	$2.0000
									55 - 59	$2.5900
					60	69	$75,000		60 - 64	$3.3600
									65 - 99	$3.8600

***Please refer to your policy contract for additional details.**

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

Adjustments

Master Policy # : GL753947 **Bill Group # :** 01000001

Name	Cert #	Due Date	Basic Life/AD&D		Long Term		Total
			Employee Type	Amount	Employee Type	Amount	
Grand Total							

Important Notice: Please check your bills carefully. Adjustments for premium overpayments are limited to 12 months from the date of the most current bill.

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

Current Premium Totals by Coverage

Master Policy # : GL753947 **Bill Group # :** 01000001

REPORTED ON 01/01/19 STATEMENT FOR GL753947					
Coverage	**Lives**	**Coverage Amount**	**Current Premium**	**Premium Adjustments**	**Total**
Basic Life/AD&D	7	$175,000	$48.25		$48.25
TOTAL			**$48.25**		**$48.25**

REPORTED ON 01/01/19 STATEMENT FOR LTD728983					
Coverage	**Lives**	**Coverage Amount**	**Current Premium**	**Premium Adjustments**	**Total**
Long Term Disability	2	$12,210	$112.63		$112.63
TOTAL			**$112.63**		**$112.63**

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

Employee Insurance Invoice

Please Remit Payment To :

Reliance Standard Life Insurance Company
P.O. Box 3124
Southeastern PA 19398-3124

Meeker-McLeod-Sibley Community Health Services

Personal & Confidential: Allie Elbert
1805 Ford Avenue
Glencoe MN 55336

NSC - TEAM H

Overnight Address :

Processing Center
1085 Andrew Drive, Suite F
West Chester PA 19380

Note: Please return the completed "Premium Due Worksheet" and "Employee Change Details " form with your payment to ensure timely and accurate posting of your premium. Total amount due is payable on or before the premium due date.

Invoice Details

Statement Date	:	12/15/18
Invoice Period	:	01/01/19 TO 01/31/19
Premium Mode	:	Monthly
Customer Name	:	Meeker-McLeod-Sibley Community Health Services
Bill Group #	:	01000001
Master Policy #	:	GL753947
Policy / Policies #	:	GL753947, LTD728983

Due and Unpaid Premium	:	$0.00
Current Premium	:	$160.88
Adjustments	:	$0.00
Additional Fees	:	$5.00
Less Payment	:	$81.56
Total Premium Due	:	$160.88
Premium Due Date	:	01/01/19

Balance Due : **$84.32**

MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES
INVOICE PAYMENT REQUEST FORM

Date Uploaded to CDS:											
Vendor Name	Vendor Address	Vendor City	Vendor State	Vendor Zip-Code	Payment Amount	Invoice #	Account Class	Account	Grant/Program Number	Object Number	Reason for Payment
Barna, Guzy & Steffen, Ltd	200 Coon Rapids Blvd, Suite 400	Minneapolis	MN	55433-5894	$ 258.48	195929	Local Public Health Grant	Other Charges & Services	100	6350	Delegation Consultation
CDS Administrative Services, LLC	311 Third St SW, PO BOX 570	Willmar	MN	56201	$ 37.70	37789	Local Public Health Grant	Professional Services	100	6265	CDSA HR
Conway, Deuth & Schmiesing, PLLP	820 Sibley Ave N	Litchfield	MN	55355	$ 7,545.00	256591	Local Public Health Grant	Professional Services	100	6265	Fiscal Hosting
Doherty Staffing Solutions	CM 3808	St. Paul	MN	55170-3808	$ 2,032.44	160360	WIC Peer Grant	Professional Services	234	6265	WIC Peer Staffing
Meeker Memorial Hospital	612 S Sibley Ave	Litchfield	MN	55355	$ 385.12	23202	FPSP	STD Testing	206	6260	STD Testing
MN Counties Computer Cooperative	100 Empire Dr, Suite 201	St. Paul	MN	55128-1846	$ 157.16	1901338	Local Public Health Grant	Meeting Expense	100	6353	PH Doc Mtg Expense
MN Counties Intergovernmental Trust	100 Empire Dr, Suite 100	St. Paul	MN	55103	$ 2,865.00	WCAUDIT267	Local Public Health Grant	Other Charges & Services	100	6350	WC Audit 17
MN Pharmacists Association	1000 Westgate Dr, Suite 252	St. Paul	MN	55114	$ 125.00	200004725	Local Public Health Grant	Training	100	6360	Workshop - JK
Survey Systems	3650 Kent St	Shoreview	MN	55126-7012	$ 1,792.23	18-12392	ealthy Communities Coalitic	Professional Services	103	6265	Comm. Behavior Survey

BGS

Barna, Guzy & Steffen, Ltd.
ATTORNEYS AT LAW
200 Coon Rapids Boulevard, Suite 400
Minneapolis, Minnesota 55433-5894

67180-001 SML
RE: JOINT POWERS AGREEMENT

STATEMENT DATE: 11/30/18 - CLOSING DATE: 11/30/18
STATEMENT NO: 195929 LB

MEEKER-MCLEOD-SIBLEY
COMMUNITY HEALTH SERVICES
1805 FORD AVENUE #200
GLENCOE, MN 55336

Committed to serving you with these areas of law:
Estate and Tax Planning, Banking,
Commercial Litigation, Collections,
Personal Injury, Family, Business/Corporate,
Real Estate Transactions,
Labor and Governmental, Criminal Defense
Probate and Trust Administration

AMOUNT REMITTED $_____

To Ensure Proper Credit, Please Return This Portion With Your Payment. Thank You.

We Accept Visa, MasterCard, Discover and American Express.
See Reverse for Payment by Credit Card.

Fed. Tax ID# 41-0975695

Payments Due Upon Receipt of Invoice
Unless Prior Arrangements Have Been Made.

BILLING SUMMARY

PREVIOUS BALANCE DUE	258.48
CURRENT BILLING (FEES AND DISBURSEMENTS)	0.00
LESS: PAYMENTS/CREDITS	0.00
TOTAL BALANCE DUE	**258.48**

Program: 100 - LPHC
Account # 6350
Description: Delegation Consultation
Approved by: AG

67180-001 SML
RE: JOINT POWERS AGREEMENT

STATEMENT DATE: 11/30/18 - CLOSING DATE: 11/30/18
STATEMENT NO: 195929 LB

Please Refer to Privacy Notice on Reverse Side.

CDSA

CDS ADMINISTRATIVE SERVICES, LLC

Providing employee benefits administration since 1995.

Invoice: 37789
Date: 11/30/2018
Due Date: 12/25/2018
Client ID: 15518W

MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES
1805 FORD AVENUE STE 200
GLENCOE, MN 55336

Amount Due: $37.70

Please return this portion with payment.

Amount Enclosed: $_____

Invoice Date: 11/30/2018
MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES
Invoice #37789

Program: 100
Account # 6265
Description: CDSA HR
Approved by: AZ

CAFETERIA ADMINISTRATION FEE FOR NOVEMBER 2018	55.00
NOVEMBER HR ON-DEMAND	40.00
DIRECT DEPOSITS	0.90
2019 ANNUAL FLEX REENROLLMENT AND NON-DISCRIMINATION TESTING	250.00
New Charges	$345.90

RECEIVED
DEC 21 2018
BY: .....

Beginning Balance	($308.20)
Invoices	345.90
Receipts	0.00
Adjustments	0.00
Service Charges	0.00
Amount Due	$37.70

11/30/2018	10/31/2018	09/30/2018	08/31/2018	07/31/2018+	Total
345.90	0.00	0.00	0.00	(308.20)	$37.70

Willmar Office
311 Third St SW
PO Box 570
Willmar, MN 56201

T (888) 388-1040
L (320) 214-2909 (Willmar)
F (320) 235-0988
www.cdsatpa.com

St. Cloud-Sartell Office
Ste 110
2351 Connecticut Ave
Sartell, MN 56377

CONWAY, DEUTH & SCHMIESING, PLLP
CPAS & ADVISORS
WILLMAR 331 3rd St SW, Ste 2, PO Box 570, Willmar, MN 56201 | (320) 235-3311
BENSON 1209 Pacific Ave, Ste 3, Benson, MN 56215 | (320) 843-2302
MORRIS 401 Atlantic Ave, Morris, MN 56267 | (320) 589-2602
LITCHFIELD 820 Sibley Ave N, Litchfield, MN 55355 | (320) 693-7975
SARTELL 2351 Connecticut Ave, Ste 110, Sartell, MN 56377 | (320) 252-7565

www.cdscpa.com
(888) 388-1040

MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH SERVICES
1805 FORD AVE N
SUITE #200
GLENCOE, MN 55336

Invoice: 256591
Date: 12/11/2018
Due Date: 12/25/2018
Client ID: L16175

Amount Due: $7,545.00

Please return this portion with payment.

Amount Enclosed: $_____

Invoice Date: 12/11/2018
MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH SERVICES
Invoice #256591

PREPARATION OF 11/7 AND 11/21/2018 PAYROLLS AS WELL AS RELATED PAYROLL TAX DEPOSITS.	190.00
PREPARATION OF OCTOBER AND NOVEMBER BANK STATEMENT RECONCILIATIONS PER PROPOSAL.	100.00
NOVEMBER INVOICE PROCESSING/BILL PAY PER PROPOSAL.	215.00
PREPARATION OF MONTHLY ACCOUNT REPORTS FOR OCTOBER AND NOVEMBER PER PROPOSAL.	540.00
FUND BALANCE ASSISTANCE PER PROPOSAL AT $140/PER HOUR.	385.00
ADJUST GRANT EXPENSE REPORTS AND ASSISTANCE WITH PREPARATION OF 2019 GRANT BUDGET.	350.00
New Charges	$1,780.00

Program: 100 - MHG
Account # 61205
Description: fiscal hosting
Approved by: AZ

Beginning Balance	$5,765.00
Invoices	1,780.00
Receipts	0.00
Adjustments	0.00
Service Charges	0.00
Amount Due	$7,545.00

CONWAY, DEUTH & SCHMIESING, PLLP
WILLMAR 331 3rd St SW, Ste 2, PO Box 570, Willmar, MN 56201 | (320) 235-3311
BENSON 1209 Pacific Ave, Ste 3, Benson, MN 56215 | (320) 843-2302
MORRIS 401 Atlantic Ave , Morris, MN 56267 | (320) 589-2602
LITCHFIELD 820 Sibley Ave N, Litchfield, MN 55355 | (320) 693-7975
SARTELL 2351 Connecticut Ave, Ste 110, Sartell, MN 56377 | (320) 252-7565

www.cdscpa.com
(888) 388-1040

Doherty

Remit To: Doherty Staffing Solutions
CM 3808
St. Paul, MN 55170-3808

Meeker - McLeod - Sibley Community Health Services
1805 Ford Ave N, Ste. 200
Glencoe, MN 55336

INVOICE

Invoice Amount
$2,002.40

Payment Terms	Invoice Date
Net On Receipt	12/09/2018
Invoice No.	**Customer No.**
160360	62486

Make Check Payable to Doherty Staffing Solutions, Inc.

A service charge (annual percentage rate of 18%) is charged on all unpaid invoices.

Customer Name	Department	Customer No.	Payment Terms
Meeker - McLeod - Sibley Community Health Services	Corporate	62486	Net On Receipt

Description	Shift	Type	Units	Rate	Amount
WeekWork Ending: Dec 2 2018 12:00AM					
Collett, Emily	Consultant	Reg	0.75	$18.68	$14.01
Huberty, Amber L	Consultant	Reg	0.25	$18.68	$4.67
Nicholson, Andrea Joy	Consultant	Reg	1.00	$21.71	$21.71
Schlueter, Meg L	Consultant	Reg	3.75	$18.68	$70.05
		Total This WeekWork Ending:			**$110.44**
WeekWork Ending: Dec 9 2018 12:00AM					
Collett, Emily	Consultant	Reg	3.25	$18.68	$60.71
Collett, Emily	Consultant	Expense Reimbursement	1.00	$20.16	$20.16
Huberty, Amber L	Consultant	Reg	4.50	$18.68	$84.06
Huberty, Amber L	Consultant	Expense Reimbursement	1.00	$21.80	$21.80
Huberty, Amber L	Consultant	Expense Reimbursement	1.00	$20.00	$20.00
Nicholson, Andrea Joy	Consultant	Reg	1.50	$21.71	$32.57
Nicholson, Andrea Joy	Consultant	Expense Reimbursement	1.00	$94.83	$94.83
Schlueter, Meg L	Consultant	Reg	2.75	$18.68	$51.37
Schlueter, Meg L	Consultant	Expense Reimbursement	1.00	$110.09	$110.09
		Total This WeekWork Ending:			**$495.59**

Thank You For Your Business!

If you have any questions,Call (952) 832-8376

Description		Shift	Type	Units	Rate	Amount
WeekWork Ending: Nov 11 2018 12:00AM						
Collett, Emily	Consultant		Reg	14.50	$18.68	$270.86
Huberty, Amber L	Consultant		Reg	1.00	$18.68	$18.68
Nicholson, Andrea Joy	Consultant		Reg	20.25	$21.71	$439.63
Schlueter, Meg L	Consultant		Reg	16.50	$18.68	$308.22
			Total This WeekWork Ending:			**$1,037.39**
WeekWork Ending: Nov 18 2018 12:00AM						
Collett, Emily	Consultant		Reg	2.25	$18.68	$42.03
Huberty, Amber L	Consultant		Reg	0.50	$18.68	$9.34
Nicholson, Andrea Joy	Consultant		Reg	5.25	$21.71	$113.98
Schlueter, Meg L	Consultant		Reg	4.00	$18.68	$74.72
			Total This WeekWork Ending:			**$240.07**
WeekWork Ending: Nov 25 2018 12:00AM						
Collett, Emily	Consultant		Reg	0.75	$18.68	$14.01
Huberty, Amber L	Consultant		Reg	1.50	$18.68	$28.02
Nicholson, Andrea Joy	Consultant		Reg	0.50	$21.71	$10.86
Schlueter, Meg L	Consultant		Reg	2.00	$18.68	$37.36
			Total This WeekWork Ending:			**$90.25**

ACAAdminFee	**$28.66**
Reg: 86.75 OT: 0 DT: 0 Total Hours: 91.75	Total - This Invoice: **$2,002.40**
	IF PAID AFTER : 01/08/2019 $2,032.44

Program: 234

Account # 60205

Description: WIC Prov Staffing

Approved by: AE

Thank You For Your Business!

If you have any questions,Call (952) 832-8376

MEEKER MEMORIAL HOSPITAL

612 South Sibley Avenue
Litchfield, MN 55355
(320) 693-3242
www.meekermemorial.org

☐ Please check box if below address is incorrect and indicate change(s) on reverse side.

IF PAYING BY CREDIT CARD, PLEASE SELECT CORRECT CARD AND FILL OUT BELOW		
☐ DISCOVER ☐ MasterCard ☐ VISA		
CARD NUMBER	EXP. DATE	AMOUNT
SIGNATURE	MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD	

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
12/20/18	385.12	23202
ADM #	SHOW AMOUNT PAID HERE $	

S01000

MMSCHS, .
114 N HOLCOMBE AVE STE 250 ATTN: DONNA
LITCHFIELD, MN 55355-2351

MEEKER MEMORIAL HOSPITAL
612 S SIBLEY AVE
LITCHFIELD, MN 55355-3340

123355-0001-001U, 123360-0001-001U, 82858-0005-001U, 83335-0015-001U

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DESCRIPTION	CHARGES	PAYMENTS	INSURANCE PENDING	PATIENT PAY (YOU OWE)
11/26/2018	123355-0001-001U NONPATIENT LAB OTHER	96.28		0.00	96.28
11/27/2018	123360-0001-001U NONPATIENT LAB OTHER	96.28		0.00	96.28
12/13/2018	82858-0005-001U NONPATIENT LAB OTHER	96.28		0.00	96.28
12/13/2018	83335-0015-001U	96.28		0.00	96.28

Program: 206
Account #: 0044399 6260
Description: STD Testing
Approved by: AG

Approved by:
Description:
Account #:
Program:

RECEIVED
OCT 31 2018
BY:

MESSAGES	TOTAL	INSURANCE PENDING	AMOUNT DUE NOW
THANK YOU FOR YOUR PAYMENT	385.12	0.00	385.12
	ACCOUNT NO.	STATEMENT DATE	RETAIN THIS COPY FOR YOUR RECORDS
	23202	12/20/18	

Minnesota Counties Computer Cooperative

Minnesota Counties Computer Cooperative
100 Empire Drive
Suite 201
St. Paul, MN 55128-1846

1901338 Invoice Number

1/3/19 Invoice Date

157.16 Amount

MMS Community Health Services
1805 Ford Ave SE
Suite 200
Glencoe, MN 55336

4th Qtr 2018 CHS User Group shared meeting expenses: (see attached detail of meeting expenses)	1.00	157.16	157.16

Program: 100 - CHHS
Account # 6353
Description: PH. DCC. Mtg Expense
Approved by: AE

157.16

MMS Community Health Services
1805 Ford Ave SE
Suite 200
Glencoe, MN 55336

1901338 Invoice Number

1/3/19 Invoice Date

157.16 Amount

Feb 2, 2019 Due Date

Remit To:
M & I Lockbox : MCCC
MI 33: P.O. Box 1150
Minneapolis, MN 55480-1150

MN Counties Computer Co-op 2018
General Ledger
For the Period From Oct 1, 2018 to Dec 31, 2018

Filter Criteria includes: 1) IDs from 7020 to 7020. Report order is by ID. Report is printed with shor

Date	Trans Description	Debit Amt	Cr Amt	CHS	Tax-Manatron	Tax-Avenu	CAMA	FGG
10/2/18	Wadena County MIS Department - CHS UG - Strategic Planning Workshop 9/27-28 at St Paul expense reimbursement - Megan Martin	367.82		367.82				
10/3/18	Joe Heying - TAX UG-Manatron Advisory Committee mtg 9/6 mileage reimbursement	99.19			99.19			
10/4/18	Kowalski's Markets/Catering - TAX UG - Manatron Advisory Committee mtg 10/4 at St Paul lunch	326.84			326.84			
10/4/18	Kowalski's Markets/Catering - TAX UG-Manatron Advisory Committee 10/4 at St Paul breakfast	168.21			168.21			
10/5/18	ROSEAU COUNTY TREASURER - TAX UG - Manatron Advisory Committee meeting on 10/4 St Paul, mileage and hotel reimbursement for Kathy Jenson	525.80			525.80			
10/5/18	Tiffany Ahearn - TAX UG-Manatron Advisory Committee mtg 10/4, mileage reimbursement	102.46			102.46			
10/8/18	MCCC - TAX - Conduent TAC meeting 7/19 mileage reimbursement Denise Anderson	83.93				83.93		
10/8/18	MCCC - Tax Conduent - Advisory Mtsg John Thompson mileage reimbursement		(528.63)			(528.63)		
10/8/18	MCCC - line item for TAX Manatron mtg expense from 7/26 should be Conduent		(83.93)		(83.93)			
10/8/18	MCCC - Tax - Manatron Advisory Mtgs John Thompson May-Aug mileage	528.63			528.63			
10/18/18	Kowalski's Markets/Catering - TAX UG-Avenu TAC mtg on 10/18 at St Paul 16 participants breakfast	160.65				160.65		
10/18/18	Kowalski's Markets/Catering - TAX UG - Avenu TAC meeting on 10/18 at St Paul lunch, 16 participants	306.89				306.89		
10/18/18	Coborn's - CHS UG-Enahncement Focus Group mtg at Avenu Office	233.00		233.00				
10/22/18	BMO Harris Bank NA - CHS E-Health workgroup at Wait Park; CHS strategic planning workshop	201.62		201.62				
10/24/18	Kowalski's Markets/Catering - CHS UG - PHDOC training at St Paul for 50 participants breakfast	433.31		433.31				
10/24/18	Kowalski's Markets/Catering - CHS UG - PHDOC training at St Paul 50 participants lunch	810.60		810.60				
10/25/18	Coborn's - CHS UG - Enhancement Committee mtg on 9/19 at Conduent office for 25 participants	268.44		268.44				
10/25/18	Coborn's - TAX UG-Avenu TAC meeting at Waite Park on 9/20 for 20 participants	224.41				224.41		
10/26/18	Coborn's - CHS UG mtg at Wait Park for 25 participants on 10/26	195.99		195.99				
11/1/18	Kowalski's Markets/Catering - TAX UG-Manatron Advisory Committee mtg at St Paul on 11/1 for 20 participants lunch	354.51			354.51			

MN Counties Computer Co-op 2018
General Ledger
For the Period From Oct 1, 2018 to Dec 31, 2018

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Date	Trans Description	Debit Amt	Cr Amt	CHS	Tax-Manatron	Tax-Avenu	CAMA	FGG
11/1/18	Kowalski's Markets/Catering - TAX UG-Manatron Advisory Committee mtg at St Paul 20 participants breakfast	210.22			210.22			
11/2/18	Sharon Robinson - Mileage reimbursement for meetings Thompson Tax 10/4, 11/1; as past chair	165.68			165.68			
11/2/18	Tiffany Ahearn - TAX UG-Manatron Advisory Committee mtg at St Paul 11/1, mileage	102.46			102.46			
11/2/18	Joe Heying - TAX UG-Manatron Advisory Committee 10/4 at St Paul mileage	99.19			99.19			
11/2/18	ROSEAU COUNTY TREASURER - TAX UG-Manatron Advisory Committee 11/1 at St Paul, mileage and hotel - Kathy Jenson	525.80			525.80			
11/16/18	Kowalski's Markets/Catering - TAX UG-Avenu Tax and Assessment Committee at St Paul 11/16, breakfast	101.99				101.99		
11/16/18	Wabasha County Courthouse - TAX UG-Avenu TAC meeting 11/20 mileage reimbursement Denise Anderson	85.02				85.02		
11/20/18	PROFESSIONAL FOOD SERVICE - TAX UG-Avenu TAC meeting at MnCCC office for 16	318.45				318.45		
11/20/18	Kowalski's Markets/Catering - TAX UG - Avenu TAC meeting at MnCCC for 16	167.13				167.13		
11/22/18	BMO Harris Bank NA - CAMA UG mtg 11/21 at Waite Park	397.86					397.86	
11/22/18	BMO Harris Bank NA - TAX UG-Avenu Tax/assessment mtg 11/16	118.94				118.94		
12/18/18	Sharon Robinson - TAX UG - Avenu mtg on 12/5	22.00				22.00		
12/18/18	Sharon Robinson - CAMA UG mtg on 11/21 at Waite park	25.99					25.99	
12/19/18	PROFESSIONAL FOOD SERVICE - TAX UG - Avenu TAC mtg 12/19 at St Paul breakfast	259.93				259.93		
12/19/18	PROFESSIONAL FOOD SERVICE - TAX UG - Avenu TAC meeting 12/19 at St Paul lunch	367.31				367.31		
12/20/18	Wabasha County Courthouse - TAX UG - AVENU TAC meeting 12/19 mileage - Denise Anderson	85.02				85.02		
12/22/18	BMO Harris Bank NA - FGG mtg 11/29	160.64						160.64
12/22/18	BMO Harris Bank NA - CHS QA mtg at Waite Park 12/3	80.32		80.32				
12/31/18	Tammi Vaith - TAX UG-Avenu mileage for TAC meetings attended in 2018	535.18				535.18		
12/31/18	CARVER COUNTY TREASURER - FGG UG - mileage for 11/29/18 mtg at MnCCC office - Lynn Boraas	39.79						39.79
	Mtg expense sub-total	9,261.22	(612.56)	2,591.10	3,125.06	2,308.22	423.85	200.43

MN Counties Computer Co-op 2018
General Ledger
For the Period From Oct 1, 2018 to Dec 31, 2018

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Date	Trans Description	Debit Amt	Cr Amt	CHS	Tax-Manatron	Tax-Avenu	CAMA	FGG
	Conference Calls							
6/16/18	POPP-CHS Conf Calls 5/16 - 6/15 (missed when 2nd qtr was billed)	761.99		761.99				
10/16/18	POPP-TAX UG-Manatron conf calls 9/16 - 10/15	161.44			161.44			
10/16/19	POPP-Tax UG-Avenu conf calls 9/16 - 10/15	448.58				448.58		
11/16/18	POPP-TAX UG- Manatron Conf calls 10/16 - 11/15	56.06			56.06			
11/16/18	POPP-TAX UG - Avenu Conf Calls 10/16 - 11/15	328.81				328.81		
11/30/19	ReadyTalk - Tax UG-Manatron webinars	68.06			68.06			
12/16/18	POPP-CAMA conf Calls 11/16 - 12/15	94.28					94.28	
12/16/18	POPP-TAX UG - Avenu conf calls 11/16 - 12/15	514.69				514.69		
10/16/18	POPP-CHS conf calls 9/16 - 10/15	625.37		625.37				
11/16/18	POPP-CHS UG Conf Calls 10/16 - 11/15	482.77		482.77				
12/16/18	POPP-CHS conf calls 11/16 - 12/15	882.20		882.20				
12/31/18	POPP-FGG conf calls 1/1/18 - 12/31/18	576.44						576.44
	Conference call sub-total	5,000.69		2,752.33	285.56	1,292.08	94.28	576.44
	Grand Total	14,261.91	(612.56)	5,343.43	3,410.62	3,600.30	518.13	776.87
		# of members		33	17	25	26	43
				161.92	200.62	144.01	19.93	18.07

Invoice

Minnesota Counties
Intergovernmental Trust

Invoice WCAUDIT267
Date 12/1/2018
Customer ID 2340

Remit To:
MINNESOTA COUNTIES INTERGOVERNMENTAL TRUST
100 EMPIRE DRIVE
SUITE 100
SAINT PAUL MN 55103

Bill To: MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES
1805 FORD AVE NW SUITE 200
GLENCOE MN 55336

$_____
Payment Amount

Please Make Checks Payable to Minnesota Counties Intergovernmental Trust

Customer ID	Payment Terms
2340	Net 45

Item Number	Description	Ext. Price
WC234017	WORKERS' COMPENSATION AUDIT	$2,865.00

Subtotal	$2,865.00
Tax	$0.00
Total	$2,865.00

Program: 100 LPHC
Account # 10350
Description: WC. Audit 17'
Approved by: AG

Minnesota Counties Intergovernmental Trust

100 Empire Drive, Suite 100
St. Paul, MN 55103-1885
www.MCIT.org

Phone: 651.209.6400
Toll Free: 866.547.6516
Fax: 651.209.6496

December 17, 2018

NOTICE

Additional Contribution Due - 2017 Workers Compensation Payroll Audit

As we advised in our 2017 Workers Compensation Audit notice mailed to you in June, your 2017 payroll audit resulted in an additional contribution due because your actual 2017 payroll exceeded the estimated amounts. At that time, we indicated that an invoice for the additional contribution would be mailed in December 2018, with a payment due date of January 31, 2019.

The invoice for your additional contribution due is enclosed. Please contact Nick Anderson, Underwriting Specialist at nanderson@mcit.org or 651.209.6417 if you have questions about your 2017 Workers Compensation payroll audit.

Minnesota Pharmacists Association

Invoice

Date	Invoice #
10/1/2018	200004725

Bill To
Julie Kloeckl Meeker McLeod Sibley CHS 114 N Holcombe Ste 250 Litchfield, MN 55355 United States

Ship To
Julie Kloeckl Meeker McLeod Sibley CHS 114 N Holcombe Ste 250 Litchfield, MN 55355 United States

PO Number	Terms	Due Date
	Due on receipt	10/1/2018

Date	Qty	Description	Price	Totals
10/1/2018	1	2018 Annual Event – Friday Only - Julie Kloeckl	$210.00	$210.00
10/1/2018	1	↳ Discount (Store Promo Code)	($85.00)	($85.00)
			Sub-Total	$125.00
			Total	$125.00
			Balance Due	$125.00

Remit payment to:
1000 Westgate Drive, Suite 252
St. Paul, MN 55114
P: (651) 697-1771(651) 697-1771 F: (651) 290-2266

VISA MasterCard American Express Discover

Program: 100

Account # 63160

Description: ~~Fall~~ Workshop - JK

Approved by: VR

Card Number Expiration Date 3 digit security code (required)

Name on card, Signature of card holder, Card holder Phone

Billing address (if different than above) City, State, Zip

(Post office use only)

initials	fin.
date	
CK/CC	
amt. paid	
bal. due	

RECEIVED
DEC 17 2018

BY: .....

Survey Systems

3650 Kent Street • Shoreview, MN 55126-7012
Phone: 800.473.7188 • Fax: 651.489.0323
www.sur-sys.com

INVOICE

Date	Invoice #
1/2/19	18-12392

Bill To:	Ship To:
Meeker-McLeod-Sibley Comm Health Services Attn: Mary Bachman PO Box 237 Gaylord MN 55334	Meeker-McLeod-Sibley Attn: Mary Bachman PO Box 237 Gaylord, MN 55334

Customer PO#	Terms	Due Date	Ship Date	Ship Via	Customer ID
	Net 30	2/1/19	1/2/19	Pickup	

Item	Description	Quantity	Unit Price	Amount
	2018 Meeker/McLeod/Sibley Data Collection Health Assessment			
4220 - Services ...	Scan setup/template	1	95.00	95.00
4220 - Services ...	Scanning Prep	1,498	0.11	164.78
4220 - Services ...	Scanning Forms	1,498	0.245	367.01
4620 - Postage I...	Business Reply Postage	1,498	0.778	1,165.44

Program: 103
Account # 62105
Description: Comm. behavior survey
Approved by: AE

Thank you for your business.

Total $1,792.23