



MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH BOARD  
McLeod County Solid Waste Large Conference Room  
1065 5th Avenue SE, Hutchinson MN 55350

June 18<sup>th</sup>, 2018  
9 AM to 11 AM  
Agenda

1. Meeting called to order
2. Welcome and Introductions
3. Additions to the Agenda
4. Approval of May 10<sup>th</sup> 2018 meeting minutes\*
5. Update on Delegation Agreement progress; Draft Delegation Agreement\*
6. Update on Administrative Support

\* \* \* \* \*

Regular Board Agenda Items:

7. Financial Reports
  - a. May Expense Report\*
  - b. May Financial Statement\*
8. Administrative Items
  - a. Contract with Mary Bachman\*  
*Reference documents included: 2009 Contract with M.B\* and Historical Perspective SHIP Team Leader\**

Adjourn

Attachments:

- May 10th 2018 Meeting minutes
- Draft Delegation Agreement
- Financial Reports
- Mary Bachman Contract
- 2009 Mary Bachman Contract
- Historical Perspective SHIP Team Leader

2018 Meeting Dates

January 11<sup>th</sup> 9-11  
April 12<sup>th</sup> 9-11  
May 10<sup>th</sup> 9-11  
June 18<sup>th</sup> 9-11  
July 12<sup>th</sup> 9-11  
August 9<sup>th</sup> 9-11  
September 17<sup>th</sup> 9-11  
October 11<sup>th</sup> 9-11

Large Conference Room

McLeod Solid Waste Bldg



**MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH BOARD Meeting Minutes**  
**Thursday May 10th, 2018 - 9:00 a.m.**  
**McLeod County Solid Waste Large Room, Hutchinson**

**Board Members**

Beth Oberg – Present

Mike Housman – Present

Joe Nagel – Present

Ron Shimanski – Present

Bill Pinske - Present

Bobbie Harder – Present

Joy Cohrs – Present

Gary Kruggel – Present

Jim Swanson - Present

**Staff**

Diane Winter – Present

Allie Elbert - Present

Jennifer Hauser – Present

Rachel Fruhwirth – Present

John Glisczinski – Present

Sara Nelson, CDS Accounting – Present

Paul Virnig, Meeker County Administrator - Present

Roxy Traxler – Sibley County Administrator - Present

Cindy Ford – McLeod County Administrator - Present

Scott Lepak – Consultant – BGS Ltd. – Present

Julie Schrum – Recorder - Present

1. Meeting was called to order by Chair Joe Nagel at 9:00 a.m.
2. Welcome and Introductions
3. Motion by Commissioner Pinske, second by Commissioner Harder to approve agenda.  
Motion Carried
4. Motion by Commissioner Shimanski, second by Commissioner Pinske to approve the April 12, 2018 Meeting Minutes as written.  
Motion Carried
5. Financial Reports:
  - a. Sarah Nelson from CDS presented two financial reports – one YTD ending 3/31/2018 and one for the month of April 2018. Report format is similar the reports presented by McLeod County, with a column added for employee gross pay. Allie asked if this report is satisfactory for reporting to this board and questioned if there should be a monthly or quarterly report. Commissioner Shimansky requested both monthly and year-to-date reports. Motion was made by Commissioner Pinske, second by Commissioner Oberg to approve the financial reports.  
Motion Carried
6. Administrative Items
  - a. Minnesota State Audit Engagement Letter  
Allie recommends changing to a private Accounting Firm instead of the State Auditor's Office because of the expense. However, she recommends staying with the State Auditor's Office this year because this audit is still with McLeod County. Motion by Commissioner Oberg, second by Commissioner Shimanski to approve the Minnesota Audit Engagement Letter.  
Motion carried
  - b. Contract with A&T Diehn Enterprises, LLC

# ***Meeker-McLeod-Sibley Community Health Services***

**1805 Ford Avenue, Suite 200  
Glencoe, Minnesota 55336**

**Direct Line (507) 766-3531  
Fax Number (320) 864-1484**

Allie explained the focus of our NACCHO Grant is Mental Health Preparedness. Our previous E.P. Manager was trained in Mental Health Preparedness, but resigned before she held any community trainings. The contract with Diehn Enterprises is to fulfill the grant expectations and provide training to public health staff and community members. Dates on the contract as presented were incorrect (May 1-31, 2018), should include 2019. Motion made by Commissioner Shimansky, second by Commissioner Pinske to approve the contract with the corrected dates. Motion carried

## **7. Update on Administrative Services**

- a. Springsted Classification Study is not available yet.
- b. Pro Services. Discussion regarding expense of this service and possibility of the counties providing some of the services in-kind. No action taken.

## **8. Delegation Subcommittee Update**

Subcommittee met last Friday and defined goals: a. identify and document if everyone is on the same page for the delegation agreements; and prepare draft agreement to be approved by the CHB in September, taken back to the counties for approval in October, and final approval at the November CHS meeting. Document prepared by the Subcommittee was presented outlining two options: Collaborative Delegation Agreements and Independent Delegation Agreements. Scott Lepak spoke on the possible structure for a delegation agreement – a bare bones Delegation Agreement with the program areas listed as Exhibits and defining each Exhibit. This allows the Exhibits to be updated individually as needed, if that language is written into the Delegation Agreement. Motion by Commissioner Pinske, second by Commissioner Harder to accept the Collaborative Agreement Model. Commissioner Oberg requested that any comments or suggestions be sent to the County Public Health Directors to be brought to the next Subcommittee Meeting.

Motion Carried

## **9. Future Meeting Dates**

Subcommittee Meeting May 29, 2018 - 9:00 a.m. HHW Large Conference Room  
Community Health Board Meeting June 4, 2018, August 9, 2018

-CHB agenda will be sent out after the May 29 Subcommittee Meeting  
September meeting date to be determined. Allie will send scheduling request.

## **10. Adjourn.**

Motion to adjourn by Commissioner Pinske, second by Commissioner Housman. Meeting adjourned at 10:00 a.m.

**Delegation Agreement Between  
The Meeker, McLeod, Sibley Community Health Board  
And  
\_\_\_\_\_ County**

THIS DELEGATION AGREEMENT (hereinafter Agreement) is effective this \_\_\_\_ day of \_\_\_\_\_, 2018, by and between \_\_\_\_\_ County (hereinafter the Delegated Entity) and the Meeker, McLeod and Sibley Community Health Board, a joint powers entity (hereinafter referred to as "the Delegating Authority" or "MMS CHB"). Delegated Entity and MMS CHB will collectively be referred to as the parties.

WHEREAS, this Agreement is entered into pursuant to the authority granted pursuant to Minn. Stat. Sec. 145A.07; and

WHEREAS, MMS CHB is a community health board as that term is used in Minn. Stat. Sec. 145A.07, Subd. 2; and

WHEREAS Delegated Entity is a County within MMS's jurisdiction; and

WHEREAS, MMS CHB desires to delegate the below described activities to Delegated Entity; and

WHEREAS, said activities are community health board responsibilities; and

WHEREAS, Delegated Entity wishes to carry out said activities in accordance with applicable federal and state laws, regulations and standards; and

WHEREAS, Delegated Entity hereby states and affirms that it is fully qualified and capable of performing said activities;

NOW THEREFORE, in consideration of the terms and conditions set forth herein, the receipt and sufficiency of which are hereby acknowledged, the parties hereby agree as follows:

**SECTION 1  
DEFINITIONS**

The parties agree that the terms used in this Agreement shall have those definitions described in Minnesota Law, specifically, Minn. Stat. Sec. 145A and implementing regulations as well as the Joint Powers Agreement and By-Laws.

## **SECTION 2 DELEGATION OF ACTIVITIES**

Subdivision 1. MMS CHB hereby delegates, and Delegated Entity hereby accepts delegation of those activities outlined in the attached Exhibits. The attached Exhibits may be amended from time to time by MMS CHB provided that such change is communicated to Delegated Entity at least ninety (90) calendar days prior to implementation of the change. Delegated Entity may raise an objection to the proposed change by notifying MMS CHB no later than sixty (60) calendar days after such change is communicated. Disputes as to the propriety of any change to the Exhibits as outlined in this Subdivision 1 shall be resolved by decision of the MMS CHB Board to the extent that the change does not result in additional cost to the Delegated Entity. Disputes over changes that would result in additional cost to the Delegated Entity will require the prior approval of at least two of the three Member Counties in addition to approval of MMS CHB.

Subdivision 2. It is expressly understood that this Agreement does not address or provide for financial considerations for the delegated activities except as outlined in the attached Exhibits. MMS CHB will not assume financial responsibility for the delegated activities except to the extent that MMS CHB is the holder of a grant or third party payment that allows payment to the Delegated Entity for some or all of the delegated activities.

Subdivision 3. It is expressly understood that this Agreement does not alter the responsibility of MMS CHB for the performance of duties specified in law.

## **SECTION 3 MMS CHB RESPONSIBILITIES**

Subdivision 1. MMS CHB will perform ongoing oversight and monitoring of Delegated Entity's performance of its duties under this Agreement. This will include but not be limited to review of any reporting requirements under this Agreement. At any time, but at least annually, MMS CHB will audit records and documents related to the activities performed under this Agreement. MMS CHB, in its sole discretion, will conduct reviews of the Delegated Entity's written policies and procedures. MMS CHB will provide at least thirty (30) calendar days advance notice prior to any on site audit.

Subdivision 2. MMS CHB will consult with, advise, and assist the Delegated Entity in the performance of its duties under this Agreement.

Subdivision 3. MMS CHB will utilize the following criteria to determine if the Delegated Entity's performance meets appropriate standards and is sufficient to replace performance by the delegating authority:

- A. Applicable federal and state laws, regulations and rules.
- B. Compliance with both MMS CHB and Delegated Entity policies and procedures.

- a. MMS CHB will, prior to execution of this Agreement, provide to Delegated Entity copies of MMS CHB policies and procedures applicable to this Agreement either through regular mail or electronically. MMS CHB may change its policies and procedures applicable to this Agreement by providing thirty (30) calendar days prior written notice to Delegated Entity of the changes and their effective dates. Changes to policies and procedures required by state or federal law, regulation or rule will be applicable upon the earlier of: (a) the required effective date under state or federal law, regulation or rule; or (b) thirty (30) calendar days prior written notice to Delegated Entity. Any notice required under this Subdivision may be in an electronic format.
- b. Delegated Entity will, prior to execution of this Agreement, provide to MMS CHB copies of Delegated Entity policies and procedures applicable to this Agreement either through regular mail or electronically. Delegated Entity may change its policies and procedures applicable to this Agreement by providing thirty (30) calendar days prior written notice to MMS CHB of the changes and their effective dates. Changes to policies and procedures required by state or federal law, regulation or rule will be applicable upon the earlier of: (a) the required effective date under state or federal law, regulation or rule; or (b) thirty (30) calendar days prior written notice to MMS CHB. Any notice required under this Subdivision may be in an electronic format.
- C. Delegated Entity's Compliance with requirements and recommendations of medical consultation services secured by MMS CHB.
- D. Delegated Entity's Compliance with MMS CHB reporting requirements to federal and state agencies.
- E. Delegated Entity's Compliance with the directive that delegated Community Health Services are accessible to all persons on the basis of need.
- F. Delegated Entity's Compliance with the directive that delegated services will not be denied because of an inability to pay.

Subdivision 4. During the life of the agreement, MMS CHB shall not perform duties that the designated agent is required to perform under the Agreement, except inspections necessary to determine compliance with the Agreement and this section or as may be additionally agreed to by the parties.



## **SECTION 4 DELEGATED ENTITY'S RESPONSIBILITIES**

Subdivision 1. Delegated Entity will perform the activities outlined in the attached Exhibits in accordance with applicable federal and state law, regulations and rules.

Subdivision 2. Delegated Entity will provide sufficient staff and resources as may be necessary to fully perform the activities outlined in the attached Exhibits. Delegated Entity will maintain all federal, state and local licenses, certifications, accreditations and permits, without material restriction, that are required to provide the activities outlined in this Agreement. Delegated Entity will notify MMS CHB in writing within ten (10) calendar days after it learns of any suspension, revocation, condition, limitation, qualification or other material restriction on Delegated Entity's licenses, certifications, accreditation or permits.

Subdivision 3. Delegated Entity will comply with all reporting requirements, including timeliness of reporting, that may reasonably be required by MMS CHB. Delegated Entity will provide MMS CHB with regular reports, at least semi annually, regarding the provision of activities under this Agreement.

Subdivision 4. Delegated Entity may not sub-delegate any activities delegated pursuant to this Agreement.

## **SECTION 5 ACTIVITIES THAT ARE NOT DELEGATED**

Delegated Entity must not perform licensing, inspection, or enforcement duties under the Agreement in territory outside its jurisdiction unless approved by the governing body for that territory through a separate agreement.

The scope of this Agreement is limited to duties and responsibilities agreed upon by the parties and contained herein.

## **SECTION 6 TERMINATION**

Subdivision 1. This Agreement will be of indefinite duration, subject to the termination provisions in this Section.

Subdivision 2. Either party may terminate this Delegation Agreement upon at least one hundred twenty (120) calendar days prior notice to the other party. Notice shall be in writing and sent by U.S. Mail to the principal offices of the other party. Termination of delegation activities will be effective January 1 following the notice of termination by either party.

Subdivision 3. MMS CHB may revoke the delegation of some or all of the activities which Delegated Entity is obligated to perform under this Agreement in the event Delegated Entity fails to perform the delegated activities or correct non-compliant delegated activities in a timely

manner and to the satisfaction of MMS CHB. In such instance, MMS CHB must provide at least thirty (30) calendar days advance notice of such revocation unless immediate revocation is necessary to prevent harm or danger to individuals served by the delegated activities.

## **SECTION 7 BOOKS AND RECORDS**

Subdivision 1. Confidential and Accurate Records. MMS CHB and Delegated Entity agree to maintain the confidentiality of protected health information regarding individuals served by Delegated Entity pursuant to this Agreement and to comply with all state and federal requirements for accuracy and confidentiality of said data, including the requirements established by MMS CHB. .

Subdivision 2. Collection and Retention of Data. Delegated Entity shall maintain an accurate and timely record system through which all pertinent data relating to this Agreement is documented. Delegated Entity shall retain all data related to this Agreement for a period consistent with a records retention schedule that has been provided to MMS CHB or for such longer period as required by applicable federal or state law or regulation.

Subdivision 3. Right to Inspect; Release of Data to MMS CHB. Delegated Entity agrees to provide to MMS CHB during the term of this Agreement and for a period of ten (10) years following the provision of services access to all data related to this Agreement unless such data may not be disclosed to MMS CHB pursuant to the Minnesota Government Data Practices Act or other applicable law. Delegated Entity shall promptly provide data or information to MMS CHB as requested. Delegated Entity has no obligation to release records to the extent such release is unlawful.

## **SECTION 8 RESPONSIBILITY FOR DAMAGES**

Each party shall be responsible for all damages, claims, liabilities, or judgments that may arise as a result of its own negligence or intentional wrongdoing. Any costs for damages, claims, liabilities, or judgments incurred as a result of the other party's negligence or intentional wrongdoing shall be the responsibility of the negligent party.

## **SECTION 9 GENERAL PROVISIONS**

Subdivision 1. This Agreement may be executed in one or more counterparts, each of which, taken together, shall constitute a single original. Electronic, scanned or facsimile signatures shall be deemed originals for the purpose of this Agreement.



Subdivision 2. Binding Effect of Agreement; Subsequent Contract. The parties agree to be bound by the terms of this Agreement for the services to be provided under this agreement until the parties enter a subsequent agreement or the Agreement is terminated by either party.

Subdivision 3. Notices. Unless provided otherwise in this Agreement, all notices, requests or demands or other communications required or permitted under this Agreement shall be in writing and shall be deemed to have been given: (i) two (2) days after when mailed by registered or certified U.S. mail, postage prepaid, and addressed to the recipient at the address shown as the principal place of business; or (ii) upon receipt when delivered in person, by courier or by delivery service, return receipt requested, to the address of the parties set forth herein. A party may change the address to which notices may be sent by giving written notice of such change of address to the other party.

Subdivision 4. Amendment. This Agreement may only be modified through a written amendment signed by both parties. Such amendment will require the signature of the Commissioner of Health. Amendment of Exhibits shall be governed by Section 2, Subdivision 1.

Subdivision 5. Waiver. The waiver of any provision (including the waiver of breach of any such provision) of this Agreement shall not be effective unless made in writing by the party granting the waiver. Any waiver by a Party of any provision or the waiver of breach of any provision of this Agreement shall not operate as, or be construed to be, a continuing waiver of the provision or a continuing waiver of the breach of the provision.

Subdivision 6. Governing Law. This Agreement shall be governed and construed under the laws of the State of Minnesota.

Subdivision 7. Severability. If any part of this Agreement should be determined to be invalid, unenforceable, or contrary to law, that part shall be deleted and the other parts of this Agreement shall remain fully effective.

Subdivision 8. Survival. Any section of this Agreement that by its terms contemplates or requires continuing effect following termination of this Agreement shall survive such termination.

Subdivision 9. Approval by State. The effectiveness of this Agreement is subject to the approval of this Agreement by the Minnesota Department of Health.

FOR DELEGATING AUTHORITY:

IN WITNESS WHEREOF,

**Adopted by the Meeker, McLeod and Sibley Community Health Board on this \_\_\_\_ day of \_\_\_\_\_ 2018.**

\_\_\_\_\_  
Board Chair

\_\_\_\_\_  
Community Health Services Administrator

FOR DELEGATED ENTITY

IN WITNESS WHEREOF,

**Adopted by the** \_\_\_\_\_ **County Board of Commissioners on this** \_\_\_\_ **day of**  
\_\_\_\_\_ **2018.**

\_\_\_\_\_  
Chair, County Board of Commissioners

\_\_\_\_\_  
Clerk, County Board of Commissioners

*Approved as to form and content*

\_\_\_\_\_  
County Attorney

**Approved by the Commissioner, Minnesota Department of Health**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

## Background

In 2003 funding for public health in Minnesota was drastically cut. The Meeker-McLeod-Sibley Community Health Board had to lay off a contracted Coordinator because of this funding cut. In order to address the grant management duties of this Coordinator position, a team model was instituted.

A team was formed for the majority of the grants and consisted of one staff person per county. A staff member of the team was assigned additional grant management responsibilities and was known as a Team Leader. The additional responsibilities included: coordinating duties for the grant, ensuring completion of the grant work plan, compilation of reports, and being a point person for communication for the CHS Administrator, Directors and Minnesota Department of Health (MDH). The Team Leaders were paid \$1 per hour stipend from the grant as compensation for the additional duties. The MMS CHB would approve the Team Leader designation and stipend. This was then taken to the respective County Board for approval and for adjustment of payroll of Team Leader staff.

In 2009, Mary Bachman became the Team Leader for SHIP and Healthy Communities. SHIP was different than other programs because SHIP required an official SHIP Coordinator. Also the responsibilities assigned to Mary were more extensive than other grants and were related specifically to statutory requirements. Ann Bajari, the CHS Administrator in 2009, approved giving Mary \$2 more per hour for SHIP and \$2 more per hour for Healthy Communities, equaling \$4 more per hour for extra responsibilities, paid out of the SHIP grant. The CHB approved the team leader designation and pay but the stipend was not allowed through the Sibley County payroll system. Ann decided to contract with Mary and pay the stipend when a monthly timesheet and claim form was submitted. Mary had part time employment at Sibley County at the time. The original contract was approved in 2009.

## Rationale

Ann calculated that because the employee would need to pay both sides of the taxes, \$245 would be the equivalent of \$1 per hour coming through an employee paycheck. Because Mary was tasked with leadership of two teams and the additional responsibilities and work, Ann directed Mary to submit an invoice to the CHS every month for \$980.

Although it was a set amount, Ann had Mary document the types of SHIP and Healthy Communities Coordinator tasks completed. Ann's rationale for the set amount of \$980 was based on a calculation that to get to a \$1 per hour increase, it would be 7 hours per month at \$35 (Ann's going rate for contracts at the time) = \$245. To get to the \$980, it would be 28 hours per month at \$35. More than 28 hours of Coordinator work is done every month, but Mary stops documenting when she reaches that amount. This situation was meant to be temporary until the Team Leader payment was resolved.

## AGREEMENT

**THIS AGREEMENT** entered into the 1<sup>st</sup> day of June 2018, by and between the Meeker-McLeod-Sibley Community Health Board, hereinafter designated as "Board" and Mary Bachman.

**WHEREAS**, the Board desires to retain the services of competent and qualified Public Health Consultants to assist the Board in providing public health care; and

**WHEREAS**, Mary Bachman is a Consultant and desires to provide professional services, upon request, according to the terms herein;

**THEREFORE**, the parties agree as follows:

1. The Consultant agrees to perform program administration for the Statewide Health Improvement Program Grant according following the Team and Team Leader Expectations that have been approved by the Board.
2. The Consultant agrees to perform duties related to the coordination of the Meeker-McLeod-Sibley Healthy Communities Leadership Team (CLT), community health assessment (CHA), implementation and monitoring of the community health improvement plans (CHIP), and implementation of performance management (PM) in accordance with Minnesota State Statute 145A requirements.
3. The Consultant agrees to provide those services within the scope and limitations set forth in the Board's policies, and shall be supervised by the Meeker-McLeod-Sibley Community Health Services Director.
4. It is understood by the parties that the Board will establish policies and procedures of the agency.
5. The Consultant agrees to submit to the Board, through the CHS Director, reports on services provided and in the form required by the Board.
6. The Consultant agrees to perform the services at monthly fee of \$980.
7. The Board, through the fiscal manager and with the approval of the CHS Director, agrees to pay the Consultant on a monthly basis and to reimburse the Consultant for additional expenses on a monthly basis. Such allowable expenses shall include meals, parking expenses, lodging, pamphlets, pre-registrations, books and project related expenses as approved by the CHS Director. All incurred expenses shall require a receipt or copy of a personal check and meeting/class schedule prior to reimbursement.
8. This Agreement shall be in force and effect as of the date that the Board obtains a fully

executed contract with the Minnesota Department of Health, and shall remain in force and effect until December 31<sup>st</sup> 2018.

9. While providing the services contemplated under this Agreement, the Consultant agrees to comply with all Federal, State and Local Laws and all applicable rules, regulations, or standards established by any agency of such governmental units of Meeker-McLeod-Sibley Counties which shall be the obligation of the Consultant to apply for, pay for, and obtain all permits and/or licenses required by the governmental agency for the provision of these services. The Consultant agrees to not discriminate against services. The Consultant agrees to not discriminate against any designated patient in the provision of service based upon race, creed, religion, sex, or national origin.
10. The Board or the Consultant may terminate this Agreement without cause upon giving 30 days written notice.
11. The Consultant agrees not to hire, employ, or enlist the service of any other person to perform or assist in the performance of services under this Contract.
12. The Consultant shall be deemed an independent contractor and not an employee of the Board. No statement contained in this Agreement shall be construed so as to find the Consultant an employee of the Board. The Consultant shall not be entitled to any of the rights, privileges, or benefits of County Employees. Any and all claims that may arise against the Consultant as a consequence of any act or omission on the part of the Consultant shall in no way be the obligation or responsibility of the Board but shall be the sole responsibility of the Consultant.
13. The Consultant further agrees to defend, save and hold harmless Meeker-McLeod-Sibley Counties and the Meeker-McLeod-Sibley Community Health Board from any claims, demands, actions or causes of actions rising out of any act or omission on the part of the Consultant in the performance of, or with part of, or with relation to, any of the work or services provided to be performed or furnished by the Consultant under the terms of this Agreement, except if due to the negligence on the part of Meeker-McLeod-Sibley Counties or one of its employees.
14. This Agreement may be changed by written agreement of the parties.
15. It is understood that the Board assumes no obligation to purchase any services from the Consultant nor to refrain from contracting with others for the provision of similar or identical services.
16. This Agreement shall constitute the entire Agreement between the Board and the Consultant and shall supersede all prior oral or written negotiations.

**IN WITNESS WHEREOF**, the parties hereto have caused this Agreement to be duly executed.



Meeker-McLeod-Sibley Community Health Board

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Allie Elbert, Director, Community Health Services

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Date

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Mary Bachman, Public Health Consultant

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Date

## AGREEMENT

**THIS AGREEMENT** entered into the 6th day of July 2009, by and between the Meeker-McLeod-Sibley Community Health Board, hereinafter designated as "Board" and Mary Bachman.

**WHEREAS**, the Board desires to retain the services of competent and qualified Public Health Consultants to assist the Board in providing public health care; and

**WHEREAS**, Mary Bachman is a Consultant and desires to provide professional services, upon request, according to the terms herein;

**THEREFORE**, the parties agree as follows:

1. The Consultant agrees to perform program administration for the Statewide Health Improvement Program Grant according following the Team and Team Leader Expectations that have been approved by the Board.
2. The Consultant agrees to provide those services within the scope and limitations set forth in the Board's policies, and shall be supervised by the Meeker-McLeod-Sibley Community Health Services Director.
3. It is understood by the parties that the Board will establish policies and procedures of the agency.
4. The Consultant agrees to submit to the Board, through the CHS Director, reports on services provided and in the form required by the Board.
5. The Consultant agrees to perform the services at the hourly rate of \$35.00.
6. The Board agrees to reimburse the Consultant for travel on work related duties within the scope of the Agreement at the prevailing mileage rate as set by McLeod County for reimbursement to County employees. Such mileage reimbursement shall be for those miles driven from the office designated to assigned work and back to the office on the reasonable direct route available. The total reimbursable mileage shall be reported to the CHS Director on at least a monthly basis.
7. The Board, through the fiscal manager and with the approval of the CHS Director, agrees to pay the Consultant on a bi-monthly basis and to reimburse the Consultant for expenses on a monthly basis. Such allowable expenses shall include meals, parking expenses, lodging, pamphlets, pre-registrations, books and project related expenses as approved by the CHS Director. All incurred expenses shall require a receipt or copy of a personal check and meeting/class schedule prior to reimbursement.
8. This Agreement shall be in force and effect as of the date that the Board obtains a fully executed contract with the Minnesota Department of Health, and shall remain in force and effect until

December 31, 2009.

9. While providing the services contemplated under this Agreement, the Consultant agrees to comply with all Federal, State and Local Laws and all applicable rules, regulations, or standards established by any agency of such governmental units of Meeker-McLeod-Sibley Counties which shall be the obligation of the Consultant to apply for, pay for, and obtain all permits and/or licenses required by the governmental agency for the provision of these services. The Consultant agrees to not discriminate against services. The Consultant agrees to not discriminate against any designated patient in the provision of service based upon race, creed, religion, sex, or national origin.
10. The Board or the Consultant may terminate this Agreement without cause upon giving 30 days written notice.
11. The Consultant agrees not to hire, employ, or enlist the service of any other person to perform or assist in the performance of services under this Contract.
12. The Consultant shall be deemed an independent contractor and not an employee of the Board. No statement contained in this Agreement shall be construed so as to find the Consultant an employee of the Board. The Consultant shall not be entitled to any of the rights, privileges, or benefits of County Employees. Any and all claims that may arise against the Consultant as a consequence of any act or omission on the part of the Consultant shall in no way be the obligation or responsibility of the Board but shall be the sole responsibility of the Consultant.
13. The Consultant further agrees to defend, save and hold harmless Meeker-McLeod-Sibley Counties and the Meeker-McLeod-Sibley Community Health Board from any claims, demands, actions or causes of actions rising out of any act or omission on the part of the Consultant in the performance of, or with part of, or with relation to, any of the work or services provided to be performed or furnished by the Consultant under the terms of this Agreement, except if due to the negligence on the part of Meeker-McLeod-Sibley Counties or one of its employees.
14. This Agreement may be changed by written agreement of the parties.
15. It is understood that the Board assumes no obligation to purchase any services from the Consultant nor to refrain from contracting with others for the provision of similar or identical services.
16. This Agreement shall constitute the entire Agreement between the Board and the Consultant and shall supersede all prior oral or written negotiations.

**IN WITNESS WHEREOF**, the parties hereto have caused this Agreement to be duly executed.

Meeker-McLeod-Sibley Community Health Board

Ann Bajari  
Ann Bajari, Director, Community Health Services

7-6-2009  
Date

Mary Bachman  
Mary Bachman, Public Health Consultant

7/6/09  
Date

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

Date Uploaded to CDS:		5/8/2018										
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	Phone number/Attn:
CDS Administrative Services	PO Box 570	Willmar	MN	56201-0570	\$ 110.90	36408	Local Public Health Grant	Professional Services	100	6265	Cafeteria plan Administration	
Hutchinson Leader	STE #100 170 Shady Ridge NW	Hutchinson	MN	55350	\$ 148.68	387736	Healthy Communities Coalition	Printing & Publishing	103	6241	SAVE -MH Event advertising	
Hunter Ridge Community Church	850 School Rd SW	Hutchinson	MN	55350	\$ 60.00	4.21.2018	WIC Peer Grant	Meeting Expense	234	6353	Rental Space for BF Group 320-587-8374	
Doherty Staffing Solutions	CM 3808	St. Paul	MN	55170-3808	\$ 1,333.44	145671 and 145180	WIC Peer Grant	Professional Services	234	6265	BF Peer Staffing expense- 2 Invoices	
T-Mobile	PO Box 790047	St. Louis	MO	63179	\$ 149.56	955039250	WIC Peer Grant	Communications	234	6203	WIC Peer cell phone	
Conway Deuth and Schmiesing	820 Sibley Ave N	Litchfield	MN	55355	\$ 617.00	250739	Local Public Health Grant	Professional Services	100	6265	Fiscal hosting services	
Lason Catering	31070 580th Ave	Grove City	MN	56243	\$ 384.11	4.17.18	SHIP-Workplace	Meeting Expense	233	6353	Worksite wellness meeting expense	
M & I Lockbox: MCCC	MI 33: Pox Box 1150	Minneapolis	MN	55480-1150	\$ 90.99	2Y1804155	Local Public Health Grant	Professional Services	100	6265	PH.Doc User Group Mtg. expense	
Joanie's Catering LLC	1811 Scenic Heights Ct. SW	Hutchinson	MN	55350	\$ 7,720.00	419 and 420	Healthy Communities Coalition	Professional Services	103	6265	SAVE- MH Event Catering	
McLeod Publishing Group Inc	716 E. 10th St PO Box 188	Glencoe	MN	55336	\$ 166.50	4.13.18	Healthy Communities Coalition	Printing & Publishing	103	6241	SAVE-MH Event advertising	
NW 3600	PO Box 3600	Minneapolis	MN	55485-3600	\$ 1,747.35	80501190	Local Public Health Grant	Health & Life Ins-County Share	100	6153	Health Ins. Premium	
NW 3600					\$ 396.91	80501190	WIC-Admin	Health & Life Ins-County Share	225	6153	Health Ins. Premium	
Suicide Awareness Voices of Education	8120 Penn Ave S. Suite 470	Bloomington	MN	55431	\$ 1,012.00	53	Healthy Communities Coalition	Other Charges & Services	103	6350	SAVE- LEADS Curric.	952-946-7998
Robert Cripps	308 Main St	Silver Lake	MN	55381	\$ 50.00	4.19.18	Healthy Communities Coalition	Other Charges & Services	103	6350	SAVE- MH Event Stipend	320-864-1228
Kenny Ribar	1525 McDonald DR SW Lot #36	Hutchinson	MN	55350	\$ 50.00	4.19.18	Healthy Communities Coalition	Other Charges & Services	103	6350	SAVE-MH Event stipend	320-864-1228
Dr. Richard Searl	611 S. Sibley Ave	Litchfield	MN	55355	\$ 50.00	4.19.18	Healthy Communities Coalition	Other Charges & Services	103	6350	SAVE-MH Event stipend	320-864-1228
Dennis Schrader	10392 186th St	Silver Lake	MN	55381	\$ 75.00	4.19.18	Healthy Communities Coalition	Other Charges & Services	103	6350	SAVE- MH Event Stipend	320-864-1228
Rev. James King	Lutheran Church PO Box 448	Gaylord	MN	55334	\$ 50.00	4.19.18	Healthy Communities Coalition	Other Charges & Services	103	6350	SAVE-MH Event stipend	320-864-1228
Dr. Stacy Nichols	1071 MN Hwy 15 (Plaza 15)	Hutchinson	MN	55350	\$ 150.00	4.19.18	Healthy Communities Coalition	Other Charges & Services	103	6350	SAVE -MH Event Stipend	320-864-1228
Paul Thomas Hohag	1501 Portland Ave S Apt # 212	Minneapolis	MN	55404	\$ 500.00	4.19.18	Healthy Communities Coalition	Other Charges & Services	103	6350	SAVE-MH Event stipend	320-864-1228
Mary Schminshock	6942 159th St NE	Atwater	MN	56209	\$ 50.00	4.19.18	Healthy Communities Coalition	Other Charges & Services	103	6350	SAVE-MH Event Stipend	320-864-1228
Suzanne Magnuson	8101 Major Ave	Brownston	MN	55312	\$ 50.00	4.19.18	Healthy Communities Coalition	Other Charges & Services	103	6350	SAVE-MH Event Stipend	320-864-1228
Amber Klauseus	19796 Berkshire Ave	Jordan	MN	55352	\$ 25.00	4.19.18	Healthy Communities Coalition	Professional Services	103	6265	SAVE- MH Event Photographer	320-864-1228
ON-LINE PURCHASE-AMAZON					\$ 191.73	4.19.18	Healthy Communities Coalition	Other Charges & Services	103	6350	CRABC -Mini Grant	
Meeker Memorial Anesthesia	400 E 10th St	Waconia	MN	55387	\$ 218.68	Acct # HP571	FPSP	Prescriptions	206	6439	FP Subcontract payment	Attn: Business Office
Meeker Memorial Hospital	612 S Sibley Ave	Litchfield	MN	55355	\$ 4,569.33	Acct# 912349	FPSP	Prescriptions	206	6439	FP Subcontract payment	
Glencoe Regional Health Services	1805 Hennepin Ave N	Glencoe	MN	55336	\$ 150.00	Acct# 42806	FPSP	Physical Examinations	206	6261	FP Subcontract payment	Attn: Ashley Melchert

*Handwritten signature: Ashley Melchert*

*Handwritten date: 5/8/18*



# CDSA

CDS ADMINISTRATIVE SERVICES, LLC

Providing employee benefits administration since 1995.

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

Invoice: 36408  
Date: 03/31/2018  
Due Date: 04/25/2018  
Client ID: 15518W

Amount Due: \$110.90

Please return this portion with payment.

Amount Enclosed: \$ \_\_\_\_\_

Invoice Date: 03/31/2018

MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH  
SERVICES

Invoice #36408

CAFETERIA ADMINISTRATION FEE FOR MARCH 2018.

55.00

DIRECT DEPOSIT

0.30

New Charges

\$55.30

Beginning Balance

\$805.60

Invoices

55.30

Receipts

(750.00)

Adjustments

0.00

Service Charges

0.00

Amount Due

\$110.90

03/31/2018  
55.30

02/28/2018  
55.60

01/31/2018  
0.00

12/31/2017  
0.00

11/30/2017+  
0.00

Total  
\$110.90

PLEASE MAKE CHECKS PAYABLE TO CDS ADMINISTRATIVE SERVICES, LLC.

**Hutchinson Leader - Litchfield**

STE #100

170 SHADY RIDGE NW  
HUTCHINSON MN 55350  
(320) 753-3635

Fax(320) 753-3636

Advertising Statement

1  Billing Period		2  Advertiser/Client Name	
04/2018		MEEKER MCLEOD SIBLEY CHS	
23  Total Amount Due		*Unapplied Amount	3  Terms of Payment
148.68			
21  Current Net Amount Due	22  30 Days	60 Days	Over 90 Days
148.68	.00	.00	.00
4  Page Number	5  Billing Date	6  Billed Account Number	7  Advertiser/Client Number
1	04/30/18	387736 COLLE.	387736

8  Billed Account Name and Address	Amount Paid:
MEEKER MCLEOD SIBLEY CHS JAYME KRAUTH PO BOX 237 111 8TH ST GAYLORD MN 55334	Comments:

IF YOU WOULD LIKE TO PAY YOUR ACCOUNT BY CREDIT CARD,  
PLEASE CALL OUR BILLING DEPARTMENT AT (320) 753-3665

Please Return Upper Portion With Payment

10  Date	11  Reference	12 13 14  Description-Other Comments/Charges	15  16  SAU Size Billed Units	17  18  Times Run Rate	19  Gross Amount	20  Net Amount
04/01/18	776190 FR-NP	STORIES OF HOPE & HEAL PG1 SHOPPER - PG2 LEAD LEAD SHOP	2X 4.00 8.00	1 14.21	148.68	148.68
04/01/18	776191 FR-RR	STORIES OF HOPE & HEAL ADV	2X 4.00 8.00	1 0.00	.00	.00

RECEIVED  
MAY 03 2018  
REGISTERED

**Statement of Account - Aging of Past Due Amounts**

Due date: 05/15/18

21  Current Net Amount Due	22  30 Days	60 Days	Over 90 Days	*Unapplied Amount	23  Total Amount Due
148.68	0.00	0.00	0.00		148.68

**Hutchinson Leader - Litchfield**

(320) 753-3635

\* UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

24  Invoice Number		25  Advertiser Information							
1  Billing Period		6  Billed Account Number		7  Advertiser/Client Number		2  Advertiser/Client Name			
0418387736		04/2018		387736		387736		MEEKER MCLEOD SIBLEY CH	



# Hunters Ridge Community Church

Our Mission: To relate to God more intimately,  
To evidence the fruit of the Spirit,  
And to bring Jesus into all our relationships.  
Rev. Howard Anderson, Pastor

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

## Invoice

Use of Fellowship Hall for "Mom's Like You" Breastfeeding Support Group

Date of Use	Number of Hours	Per Hour	Total Due	Total Paid
11-18-17	2	\$30.00		\$60.00
12- 16-17	2	\$30.00		\$60.00
1-20-18	2	\$30.00		\$60.00
2-17-18	2	\$30.00		\$60.00
3-17-18	2	\$30.00		\$60.00
4-21-18	2	\$30.00	\$60.00	
Total Due			\$60.00	

Please make check to Hunters Ridge Community Church





**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

<b>Invoice Amount</b>
<b>\$1,214.91</b>

Payment Terms	Invoice Date
Net On Receipt	04/15/2018
Invoice No.	Customer No.
145180	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
<b>WeekWork Ending: Apr 1 2018 12:00AM</b>					
Huberty, Amber L	Consultant	Reg	1.75	\$18.20	\$31.85
Miho, Margaret L	Consultant	Reg	1.75	\$18.20	\$31.85
Nicholson, Andrea Joy	Consultant	Reg	2.50	\$21.81	\$54.53
<b>Total This WeekWork Ending:</b>					<b>\$118.23</b>
<b>WeekWork Ending: Apr 8 2018 12:00AM</b>					
Collett, Emily	Consultant	Reg	4.00	\$18.20	\$72.80
Huberty, Amber L	Consultant	Reg	4.50	\$18.20	\$81.90
Huberty, Amber L	Consultant	Expense Reimbursement	1.00	\$20.00	\$20.00
Miho, Margaret L	Consultant	Reg	0.75	\$18.20	\$13.65
Miho, Margaret L	Consultant	Expense Reimbursement	1.00	\$46.32	\$46.32
Nicholson, Andrea Joy	Consultant	Reg	5.25	\$21.81	\$114.50
Nicholson, Andrea Joy	Consultant	Expense Reimbursement	1.00	\$29.43	\$29.43
<b>Total This WeekWork Ending:</b>					<b>\$378.60</b>
<b>WeekWork Ending: Feb 18 2018 12:00AM</b>					
Huberty, Amber L	Consultant	Reg	3.00	\$18.20	\$54.60
<b>Total This WeekWork Ending:</b>					<b>\$54.60</b>
<b>WeekWork Ending: Mar 18 2018 12:00AM</b>					
Collett, Emily	Consultant	Reg	3.00	\$18.20	\$54.60
Miho, Margaret L	Consultant	Reg	13.25	\$18.20	\$241.15

**Thank You For Your Business!**  
**If you have any questions, Call (952)**  
**832-8376**

Description		Shift	Type	Units	Rate	Amount
Nicholson, Andrea Joy  WeekWork Ending: Mar 25 2018 12:00AM	Consultant		Reg	9.50	\$21.81	\$207.20
	Total This WeekWork Ending:					\$502.95
	Huberty, Amber L	Consultant	Reg	1.25	\$18.20	\$22.75
	Miho, Margaret L	Consultant	Reg	3.25	\$18.20	\$59.15
	Nicholson, Andrea Joy	Consultant	Reg	2.75	\$21.81	\$59.98
Total This WeekWork Ending:					\$141.88	

ACAAdminFee	\$18.65
-------------	---------

Reg: 56.5 OT: 0 DT: 0 Total Hours: 59.5	Total - This Invoice:	\$1,214.91
---	-----------------------	------------

IF PAID AFTER : 05/15/2018 \$1,233.13

**Thank You For Your Business!**  
**If you have any questions,Call (952)**  
**832-8376**





**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

**\$118.53**

Payment Terms

Net On Receipt

Invoice Date

04/22/2018

Invoice No.

145671

Customer No.

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
<b>WeekWork Ending: Apr 8 2018 12:00AM</b>					
Miho, Margaret L	Consultant	Reg	5.25	\$18.20	\$95.55
Miho, Margaret L	Consultant	Expense Reimbursement	1.00	\$21.25	\$21.25
<b>Total This WeekWork Ending:</b>					<b>\$116.80</b>

ACAAdminFee \$1.73

Reg: 5.25 OT: 0 DT: 0 Total Hours: 6.25	<b>Total - This Invoice:</b>	<b>\$118.53</b>
---	------------------------------	-----------------

IF PAID AFTER : 05/22/2018 \$120.31

**Thank You For Your Business!**

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

T-Mobile

## Your Statement

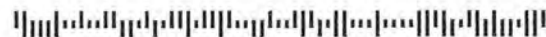
Page 1 of 10

Statement For: **MMS CHS MCLEOD COUNTY**  
Account Number: **955039250**

### Important Information

Thank you for using AutoPay. Amount will be forwarded for automatic processing. Do not pay this bill or mail remittance.

AB 01 002577 60264 B 10 A



MMS CHS MCLEOD COUNTY  
ATTN: ALLIE FREIDRICH  
1805 FORD AVE N STE 200  
GLENCOE MN 55336-1371

### Summary

Previous Balance \$ 150.16  
Pmt Rec'd - Thank You \$ (150.16)

**Total Past Due** \$ -  
*(Due Immediately)*

Monthly Recurring Chgs \$ 100.00  
Other Charges \$ 39.72  
Taxes & Surcharges \$ 9.84

**Total Current Charges** \$ 149.56  
**Current Charges Due By** 5/12/18

**Grand Total** \$ 149.56

PLEASE DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT PLEASE MAKE SURE ADDRESS SHOWS THROUGH WINDOW.

T-Mobile

Statement For: **MMS CHS MCLEOD COUNTY**  
Account Number: **955039250**

T-MOBILE  
PO BOX 790047  
ST. LOUIS MO 63179-0047



Amount Due By 5/12/18	Amount Enclosed
\$149.56	AutoPay



If you have changed your address - check box and record new address on the reverse side.

0409550392500512180000149564553361371

002577 1/4







**CONWAY, DEUTH & SCHMIESING, PLLP**  
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

Willmar 331 3rd St SW, Ste 2 | PO Box 570 | Willmar, MN 56201 | P (320) 235-3311  
Benson 1209 Pacific Ave, Ste 3 | Benson, MN 56215 | P (320) 843-2302  
Morris 401 Atlantic Ave | Morris, MN 56267 | P (320) 589-2602  
Litchfield 820 Sibley Ave N | Litchfield, MN 55355 | P (320) 693-7975  
St. Cloud-Sartell 2351 Connecticut Ave, Ste 110 | Sartell, MN 56377 | P (320) 252-7565

(888) 388-1040

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

Invoice: 250739  
Date: 04/30/2018  
Due Date: 05/16/2018  
Client ID: L16175  
Amount Due: \$617.00

Please return this portion with payment.

Amount Enclosed: \$

Invoice Date: 04/30/2018  
MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH  
SERVICES  
Invoice #250739

Prepare 4/11/18 and 4/25/18 payrolls.	140.00
PERA Contributions submitted April payrolls.	40.00
April bookkeeping and bill pay per contract.	250.00
Phone calls w/Julie and Allie regarding expense reports and payroll benefits.	62.00
Preparation of First quarter 2018 payroll reports per contract.	125.00

New Charges	\$617.00
Beginning Balance	\$1,315.00
Invoices	617.00
Receipts	(1,315.00)
Adjustments	0.00
Service Charges	0.00
Amount Due	\$617.00



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

(888) 388-1040

# Larson Catering

Galen & Chris Larson • 31070 580th Avenue • Grove City, MN 56243  
320-693-3028 • www.larsoncatering.net • larsoncatering@gmail.com

☐ Estimate

☒ Receipt

Date: 4-17-18

Wellbeing at Work

Burrito Bar

Fresh fruit

coffee

water

shells

eggs

Sausage

peppers

tomato

onion

shred cheese

Salsa

sour

cream

guacamole

SHIP  
worksite  
HE/AL

11.98

x 30

359.40

24.71

tax

384.11



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

2Y1804155 Invoice Number

4/13/18 Invoice Date

90.92 Amount

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

1st Qtr 2018 CHS User Group shared meeting  
expenses: (see attached detail of meeting  
expenses)

1.00 90.92 90.92

90.92

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

2Y1804155 Invoice Number

4/13/18 Invoice Date

90.92 Amount

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

May 13, 2018 Due Date



Joanie's Catering LLC

1811 Scenic Heights Ct SW  
Hutchinson MN 55350

# Invoice

Date	Invoice #
4/19/2018	420

Bill To
Meeker McLeod Sibley CHS C/O Terri Lynaugh

phone  
320-587-5120

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
498	Continental Breakfast, Box Lunches, Beverages, Afternoon Snack	15.00	7,470.00
Total			\$7,470.00

Joanie's Catering LLC

1811 Scenic Heights Ct SW  
Hutchinson MN 55350

# Invoice

Date	Invoice #
4/8/2018	419

Bill To
Meeker McLeod Sibley CHS C/O Terri Lynaugh

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
500	Assorted Cookies	0.50	250.00
1,000	Coffee, water, lemonade -DONATION \$500.00 Value	0.00	0.00
		<b>Total</b>	\$250.00

McLeod Publishing Group Inc.  
 716 East 10th Street  
 P.O. Box 188  
 Glencoe, MN 55336

# Invoice/Statement

Date

4/13/2018

Diehn, Tammy  
 21092 451st Avenue  
 Arlington MN 55307

Amount Due

Amount Enc.

\$166.50

PLEASE INCLUDE TOP PORTION WITH PAYMENT

Date	Item	Transaction	Quantity	Amount	Rate	Balance
03/31/2018		Balance forward				0.00
04/01/2018	Advertiser Non-Profit	Stories hope/walk for life	18	166.50	9.25	166.50
<div> <div>Rate Increase Effective January 1, 2018</div> </div>						

Payment accepted by Visa or Mastercard

PLEASE PAY LAST AMOUNT

CURRENT	1-30 DAYS	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
166.50	0.00	0.00	0.00	0.00	\$166.50

**PAYMENT DUE BY THE 25TH OF THE MONTH**

Past due accounts will be charged a finance charge of 1.5% per month (18% annual.) Minimum charge 50 cents.

HealthPartners

Remit to:  
NW 3600  
PO BOX 1450  
MINNEAPOLIS, MN 55485-3600

Invoice #: 80501190  
Invoice Date: 04-09-2018  
Billing Cycle: MONTHLY  
Premium Period: 05-01-2018 to 05-31-2018  
Due Date: 05-01-2018

Billing Representative: JOLENE M HALLESY  
Phone Number: 952-883-6002

Acct #: 35470  
Group: MEEKER-MCLEOD-SIBLEY  
Site: ALL SITES

Previous Amount: 4,288.52  
Payment(s) Received: (10,604.65)  
Manual Adjustment(s): 0.00  
Retro Adjustment(s): 0.00  
Current Premium: 2,144.26  
-----  
Total Amount Due: (4,171.87)

Please return your remittance with the top portion of this invoice on or before 05-01-2018.  
Include documentation detailing changes.

Retain this portion for your records.

HealthPartners  
8170 33rd Ave S PO Box 1309  
Minneapolis MN 55440-1309  
(952) 883-7700

Invoice #: 80501190  
Invoice Date: 04-09-2018  
Billing Cycle: MONTHLY  
Premium Period: 05-01-2018 to 05-31-2018

Billing Representative: JOLENE M HALLESY  
Phone Number: 952-883-6002

Due Date: 05-01-2018

Acct #: 35470  
Group: MEEKER-MCLEOD-SIBLEY  
Site: ALL SITES

Previous Amount: 4,288.52  
Payment(s) Received: (10,604.65)  
Manual Adjustment(s): 0.00  
Retro Adjustment(s): 0.00  
Current Premium: 2,144.26  
-----  
Total Amount Due: (4,171.87)

#### ACCOUNT RECEIPT SUMMARY

Date	Description	Amount
03-12-2018	PREMIUM PAYMENT - THANK YOU	(8,460.39)
04-02-2018	PREMIUM PAYMENT - THANK YOU	(2,144.26)

Product Type: MN - HP SE HSA SILVER/SE376

Tier	Previous Count	Adds	Deletes	Changes	Current Count
DEPENDENT 0-17	2				2
DEPENDENT 18	1				1
EMP 33	1				1
EMP 41	1				1
SP 41	1				1

REPORT: PB A6042  
RUN DATE: 04/09/2018 19:40

Detailed Billing Account Report  
05-01-2018 to 05-31-2018

REPORT PAGE: 471  
AHFPRD Production (prd)

Requested By: JOLENE M HALLESY  
Group: 35470, MEEKER-MCLEOD-SIBLEY  
Eff. Benefit Pkgs: SE376

Account #: 35470  
Site: 0, MEEKER-MCLEOD-SIBL

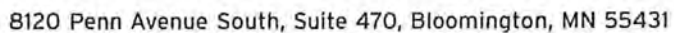
Contract	PolicyHolder	Soc Sec	Contract Eff Date	Pkg	Tier	Pkg/Rule Type	Package Rate
4901891	ELBERT,ALETHEA M	xxxxx0625	01-01-2018	SE376	EMP 41	PREM	431.37
				SE376	SP 41	PREM	431.37
				SE376	DEPENDENT 0-17	PREM	294.87
				SE376	DEPENDENT 0-17	PREM	294.87
				SE376	DEPENDENT 18	PREM	294.87
							1,747.35
4901918	REMINGTON,JESSICA D	xxxxx6010	01-01-2018	SE376	EMP 33	PREM	396.91
							396.91

Pkg	Tier	Billing Rule Type	Contract Units	Rate	Total
SE376	DEPENDENT 0-17	PREM	2	294.87	589.74
	DEPENDENT 18	PREM	1	294.87	294.87
	EMP 33	PREM	1	396.91	396.91
	EMP 41	PREM	1	431.37	431.37
	SP 41	PREM	1	431.37	431.37

Total Contracts = 2

Total Amount = 2,144.26





[www.SAVE.org](http://www.SAVE.org)

[illegible]

Contact Person:	Robert Cripps
Mailing Address:	Silver Lake Police Chief 308 Main Street Silver Lake, MN 55381

## INVOICE

TO:
Meeker-McLeod-Sibley CHS 1805 Ford Avenue, Suite 200 Glencoe, MN 55336

INVOICE DATE	04/19/18
--------------	----------

DATE OF EXPENSE	DESCRIPTION	AMOUNT
4/9/2018	Conference Panel Stipend	\$50.00
<b><i>PLEASE PAY THIS AMOUNT:</i></b>		<b>\$50.00</b>

Contact Person:	Kenny Ribar
Mailing Address:	1525 McDonald Dr. SW, Lot #36 Hutchinson, MN 55350

## INVOICE

TO:
Meeker-McLeod-Sibley CHS
1805 Ford Avenue, Suite 200
Glencoe, MN 55336

INVOICE DATE	04/19/18
--------------	----------

DATE OF EXPENSE	DESCRIPTION	AMOUNT
4/9/2018	Conference Panel Stipend	\$50.00
<b>PLEASE PAY THIS AMOUNT:</b>		<b>\$50.00</b>



Contact Person:	Dr. Richard Searl
Mailing Address:	ACMC 611 S. Sibley Avenue Litchfield, MN 55355

## INVOICE

TO: Meeker-McLeod-Sibley CHS 1805 Ford Avenue, Suite 200 Glencoe, MN 55336
---

INVOICE DATE	04/19/18
--------------	----------

DATE OF EXPENSE	DESCRIPTION	AMOUNT
4/9/2018	Conference Panel Stipend	\$50.00
<b>PLEASE PAY THIS AMOUNT:</b>		<b>\$50.00</b>

Contact Person:	Dennis Schrader
Mailing Address:	10332 186th St Silver Lake, MN 55381

## INVOICE

TO:
Meeker-McLeod-Sibley CHS
1805 Ford Avenue, Suite 200
Glencoe, MN 55336

INVOICE DATE	04/19/18
--------------	----------

DATE OF EXPENSE	DESCRIPTION	AMOUNT
4/9/2018	Conference Stipend	\$75.00
<b>PLEASE PAY THIS AMOUNT:</b>		<b>\$75.00</b>

Contact Person:	Rev. James King
Mailing Address:	Attn: Immanuel Lutheran Church PO Box 448 Gaylord, MN 55334

## INVOICE

<b>TO:</b> Meeker-McLeod-Sibley CHS 1805 Ford Avenue, Suite 200 Glencoe, MN 55336
--

INVOICE DATE	04/19/18
--------------	----------

DATE OF EXPENSE	DESCRIPTION	AMOUNT
4/9/2018	Conference Panel Stipend	\$50.00
<b>PLEASE PAY THIS AMOUNT:</b>		<b>\$50.00</b>

Contact Person:	Dr. Stacy Nichols
Mailing Address:	1071 MN Hwy 15 (Plaza 15) Hutchinson, MN 55350

## INVOICE

TO:
Meeker-McLeod-Sibley CHS
1805 Ford Avenue, Suite 200
Glencoe, MN 55336

INVOICE DATE	04/19/18
--------------	----------

DATE OF EXPENSE	DESCRIPTION	AMOUNT
4/9/2018	Conference Stipend	\$150.00
	<b>PLEASE PAY THIS AMOUNT:</b>	<b>\$150.00</b>

Contact Person:	Paul Thomas Hohag
Mailing Address:	1501 Portland Ave S Apt #212 Minneapolis, MN 55404

## INVOICE

TO: Meeker-McLeod-Sibley CHS 1805 Ford Avenue, Suite 200 Glencoe, MN 55336
---

INVOICE DATE	04/19/18
--------------	----------

DATE OF EXPENSE	DESCRIPTION	AMOUNT
4/9/2018	Conference Stipend	\$500.00
<b>PLEASE PAY THIS AMOUNT:</b>		<b>\$500.00</b>

Contact Person:	Mary Schimschock
Mailing Address:	6942 159th St. NE Atwater, MN 56209

## INVOICE

T0: Meeker-McLeod-Sibley CHS 1805 Ford Avenue, Suite 200 Glencoe, MN 55336
---

INVOICE DATE	04/19/18
--------------	----------

DATE OF EXPENSE	DESCRIPTION	AMOUNT
4/9/2018	Conference Panel Stipend	\$50.00
<b>PLEASE PAY THIS AMOUNT:</b>		<b>\$50.00</b>



Contact Person:	Suzanne Magnuson
Mailing Address:	8101 Major Avenue Brownton, MN 55312

## INVOICE

T0: Meeker-McLeod-Sibley CHS 1805 Ford Avenue, Suite 200 Glencoe, MN 55336
---

INVOICE DATE	04/19/18
--------------	----------

DATE OF EXPENSE	DESCRIPTION	AMOUNT
4/9/2018	Conference Panel Stipend	\$50.00
<b><i>PLEASE PAY THIS AMOUNT:</i></b>		<b>\$50.00</b>

Contact Person:	Amber Klauseus
Mailing Address:	19796 Berkshire Avenue Jordan, MN 55352

## INVOICE

T0:
Meeker-McLeod-Sibley CHS
1805 Ford Avenue, Suite 200
Glencoe, MN 55336

INVOICE DATE	05/03/18
--------------	----------

DATE OF EXPENSE	DESCRIPTION	AMOUNT
4/9/2018	Conference Photographer	\$25.00
	<b>PLEASE PAY THIS AMOUNT:</b>	<b>\$25.00</b>



**Details for Order #114-2258944-3417824**

Print this page for your records.

**Order Placed:** April 19, 2018**Amazon.com order number:** 114-2258944-3417824**Order Total:** \$191.73**Not Yet Shipped****Items Ordered****Price**3 of: *Coleman Portable Deck Chair with Side Table*

\$41.34

Sold by: Amazon.com Services, Inc.

Condition: New

3 of: *InterDesign Storage Organizer Basket, for Bathroom, Health and Beauty* \$8.82*Products - Small, Slate, InterDesign*Sold by: Amazon.com Services, Inc. ([seller profile](#))

Business Price

Condition: New

2 of: *Lysol Daily Cleansing Wipes, 240 Count*

\$11.99

Sold by: Amazon.com Services, Inc.

Condition: New

1 of: *Kimberly-Clark Kleenex 03076 Facial Tissue Convenience Pack 8-25/64"* \$17.27*Length x 8-3/16" Width, White (12 Boxes of 125)*Sold by: Amazon.com Services, Inc. ([seller profile](#))

Business Price

Condition: New

**Shipping Address:**

M-M-S CHS McLeod County  
1805 FORD AVE N STE 200  
GLENCOE, MN 55336-1371  
United States

**Shipping Speed:**

FREE Shipping

**Payment information****Payment Method:**

Bank Account | Last 2 digits: 02

Item(s) Subtotal: \$191.73

Shipping &amp; Handling: \$33.77

Free Shipping: -\$33.77

-----

**Billing address**

M-M-S CHS McLeod County  
1805 FORD AVE N STE 200  
GLENCOE, MN 55336-1371  
United States

Total before tax: \$191.73

Estimated tax to be collected: \$0.00

-----

**Grand Total: \$191.73**

To view the status of your order, return to [Order Summary](#).



**Public Health**  
Prevent. Promote. Protect.

Meeker McLeod Sibley  
Community Health Services

## Meeker-McLeod-Sibley Community Health Services

1805 Ford Avenue, Suite 200  
Glencoe, Minnesota 55336

Direct Line (507) 766-3531  
Fax Number (320) 864-1484

### FAMILY PLANNING PAYMENT AUTHORIZATION FORM

Initial/Yearly Exam with Pap \_\_\_\_\_ x \$150.00 = \$ \_\_\_\_\_

Yearly Exam without Pap \_\_\_\_\_ x \$100.00 = \$ \_\_\_\_\_

Counseling Only \_\_\_\_\_ x \$ 40.00 = \$ \_\_\_\_\_

Pregnancy Test \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Depo Injection \_\_\_\_\_ x \$ 23.00 = \$ \_\_\_\_\_

STD Diagnosis:

Herpes \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Chlamydia \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Gonorrhea \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Vaginitis \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

STD Treatment at Clinic \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**EXAM TOTAL \$ \_\_\_\_\_**

Sterlization (tubal) \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Nexplanon \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Essure Kit \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

IUD Removal 1 x \$ 218.68 = \$ 218.68

**METHOD TOTAL \$218.68**

**LESS Client Fees Received: -\$ \_\_\_\_\_**

**TOTAL MMS CHS payment :    \$ 218.68 to: Meeker Memorial Anesthesia    Acct.#HP571**  
Business Office  
400 East 10<sup>th</sup> St  
Waconia, MN 55387



**Public Health**  
Prevent. Promote. Protect.

**Meeker McLeod Sibley**  
Community Health Services

## **Meeker-McLeod-Sibley Community Health Services**

1805 Ford Avenue, Suite 200  
Glencoe, Minnesota 55336

Direct Line (507) 766-3531  
Fax Number (320) 864-1484

### **FAMILY PLANNING PAYMENT AUTHORIZATION FORM**

Initial/Yearly Exam with Pap \_\_\_\_\_ x \$150.00 = \$ \_\_\_\_\_

Yearly Exam without Pap \_\_\_\_\_ x \$100.00 = \$ \_\_\_\_\_

Counseling Only \_\_\_\_\_ x \$ 40.00 = \$ \_\_\_\_\_

Pregnancy Test \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Depo Injection \_\_\_\_\_ x \$ 23.00 = \$ \_\_\_\_\_

**STD Diagnosis:**

Herpes \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Chlamydia \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Gonorrhea \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Vaginitis \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

STD Treatment at Clinic \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**EXAM TOTAL \$ \_\_\_\_\_**

-----  
Sterilization (tubal) \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Nexplanon \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Essure Kit \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

IUD Removal   1   x \$ 4,569.33 = \$ 4,569.33

**METHOD TOTAL \$4,569.33**

**LESS Client Fees Received: -\$ \_\_\_\_\_**

**TOTAL MMS CHS payment :**    **\$4,569.33** to: Meeker Memorial Hospital Acct.#912349  
612 South Sibley Ave  
Litchfield, MN 55355



**Public Health**  
Prevent. Promote. Protect.

Meeker McLeod Sibley  
Community Health Services

## Meeker-McLeod-Sibley Community Health Services

1805 Ford Avenue, Suite 200  
Glencoe, Minnesota 55336

Direct Line (507) 766-3531  
Fax Number (320) 864-1484

### FAMILY PLANNING PAYMENT AUTHORIZATION FORM

Initial/Yearly Exam with Pap \_\_\_\_\_ x \$150.00 = \$ \_\_\_\_\_

Yearly Exam without Pap   1   x \$100.00 = \$ 100.00

Counseling Only   1   x \$ 40.00 = \$ 40.00

Pregnancy Test \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Depo Injection \_\_\_\_\_ x \$ 23.00 = \$ \_\_\_\_\_

STD Diagnosis:

Herpes \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Chlamydia \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Gonorrhea \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Vaginitis \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

STD Treatment at Clinic \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**EXAM TOTAL \$ 140.00**

---

Sterlization (tubal) \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

Nexplanon \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Essure Kit \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

IUD \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**METHOD TOTAL \$ 150.00**

**LESS Client Fees Received: -\$ \_\_\_\_\_**

**TOTAL MMS CHS payment :    \$150.00    to:    Glencoe Regional Health Services    Acct #: 42806**  
Attn: Ashley Melchert  
1805 Hennepin Ave N  
Glencoe, MN 55336

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

Date Uploaded to CDS:	5/17/2018	INVOICE PAYMENT REQUEST FORM										
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	Phone number
Erick Boder	1344 Evergreen Place	Mayer	MN	55360	\$ 510.48	5.9.18	Emergency Preparedness	Meals/Lodging/Parking & Misc.	502	6336	Employee reimbursement	612-221-7601
					\$ 100.00	5.1.18	Emergency Preparedness	Dues & Registrations Fees	502	6245	Employee reimbursement	612-221-7601
				Total	\$ 610.48							
United Way of West Central MN	PO Box 895	Willmar	MN	56201	\$ 1,000.00	EAFK01	Healthy Communities Coalition	Other Charges & Services	103	6350	CLT Grant Award	320-235-1050
Metropolitan Area Agency of Aging	2365 McKnight Road Suite 3	North St. Paul	MN	55109	\$ 125.00	5.14.18	SHIP-Health Care	Other Charges & Services	231	6350	SHIP Healthcare	651-641-8612
Barna, Guzy & Steffen	200 Coon Rapids Blvd Suite 400	Minneapolis	MN	55433	\$ 615.00	187461	Local Public Health Grant	Professional Services	100	6265	Delegation Consultation	763-780-8500
SHI International Corp	PO Box 952121	Dallas	TX	75395-2121	\$ 753.00	B08187879	Project Harmony Grant	Small Equipment	212	6612	Key Fob's	888-235-3871
Herald Journal Publishing	PO Box 129	Winsted	MN	55395	\$ 150.00	5.1.18		Printing & Publishing		6241	MH Event Advert. (SAVE)	320-485-2535
Hutchinson Leader STE #100	170 Shady Ridge NW	Hutchinson	MN	55350	\$ 750.00	387370	FPSP	Other Charges & Services	206	6350	Social Media Campaign	320-753-3635
Lamar	PO Box 96030	Baton Rouge	LA	70896	\$ 375.00	109075216		Other Charges & Services		6350	MRC Billboards	800-777-4896
Minnesota Recovery Connection	822 3rd ST #101	Minneapolis	MN	55415	\$ 750.00	RCA 18-046	Project Harmony Grant	Training	212	6360	Recovery Coach training	612-584-4158
Verizon	PO Box 25505	Lehigh Valley	PA	18002-5505	\$ 1,424.44	9806290132	WIC Peer Grant	Communications	234	6203	New Cell phone WIC Peers	800-922-0204
					\$ 349.86		SHIP-Community	Communications	230	6203	New Cell phone SHIP	
					\$ 189.50		Project Harmony Grant	Communications	212	6203	New phone Project Harmony	
				TOTAL	\$ 1,963.80							
Tammy Diehn	21092 451st Ave	Arlington	MN	55307	\$ 184.74	5.17.18		Other Charges & Services		6350	Reimbursement for MH Event expenses (SAVE)	507-381-4082
Doherty Staffing Solutions	CM 3808	St. Paul	MN	55170-3808	\$ 1,747.18	147032	WIC Peer Grant	Other Charges & Services	234	6350	WIC Peer BF staffing expense	952-832-8376

*ALL EIBCA 5/17/18*



Eric Boder  
1344 Evergreen Place  
Mayer, MN, 55360

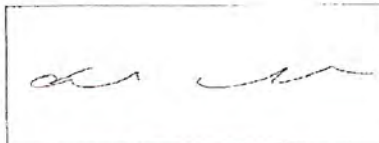
Page Number : 1  
Guest Number : 707707  
Folio ID : A  
Arrive Date : 06-MAY-18 18:25  
Depart Date : 09-MAY-18 07:41  
No. Of Guest : 1  
Room Number : 632  
Club Account : SPG - A2901

Tax Invoice

Sheraton Madison MAY-09-2018 07:41 ISSACP

Date	Reference	Description	Charges (USD)	Credits (USD)
06-MAY-18	RT632	Room Charge	147.33	
06-MAY-18	RT632	State & County Tax	8.10	
06-MAY-18	RT632	City Occ Tax	14.73	
07-MAY-18	RT632	Room Charge	147.33	
07-MAY-18	RT632	State & County Tax	8.10	
07-MAY-18	RT632	City Occ Tax	14.73	
08-MAY-18	RT632	Room Charge	147.33	
08-MAY-18	RT632	State & County Tax	8.10	
08-MAY-18	RT632	City Occ Tax	14.73	
09-MAY-18	VI	Visa-5682		-510.48
** Total			510.48	-510.48
*** Balance			0.00	

I agreed to pay all room & incidental charges.



When you stay with us, we Go Beyond so you can too with thoughtful service, exceptional experiences and everything you seek when traveling. Book your next stay at Sheraton.com

Continued on the next page

Eric Boder  
1344 Evergreen  
Place  
Mayer MN  
55360  
  
612-221-7601



Eric Boder  
1344 Evergreen Place  
Mayer, MN, 55360

Page Number : 1  
Guest Number : 707707  
Folio ID : A  
Arrive Date : 06-MAY-18 18:25  
Depart Date : 09-MAY-18 07:41  
No. Of Guest : 1  
Room Number : 632  
Club Account : SPG - A2901

Tax Invoice

Sheraton Madison MAY-09-2018 07:41 ISSACP

Date	Reference	Description	Charges (USD)	Credits (USD)
06-MAY-18	RT632	Room Charge	147.33	
06-MAY-18	RT632	State & County Tax	8.10	
06-MAY-18	RT632	City Occ Tax	14.73	
07-MAY-18	RT632	Room Charge	147.33	
07-MAY-18	RT632	State & County Tax	8.10	
07-MAY-18	RT632	City Occ Tax	14.73	
08-MAY-18	RT632	Room Charge	147.33	
08-MAY-18	RT632	State & County Tax	8.10	
08-MAY-18	RT632	City Occ Tax	14.73	
09-MAY-18	VI	Visa-5682		-510.48
** Total			510.48	-510.48
*** Balance			0.00	

I agreed to pay all room & incidental charges.



When you stay with us, we Go Beyond so you can too with thoughtful service, exceptional experiences and everything you seek when traveling. Book your next stay at Sheraton.com

Continued on the next page

Eric Boder  
1344 Evergreen  
Place  
Mayer MN  
55360  
  
612-221-7601

# Arrowhead EMS Association

# Invoice

Date	Invoice #
5/1/2018	200000885

Bill To
Erick Boder 1344 Evergreen Place Mayer, MN 55360 United States

Ship To
Erick Boder MMS CHS 1344 Evergreen Place Mayer, MN 55360 United States

PO Number	Terms	Due Date
	Due on receipt	5/1/2018

Qty	Description	Price	Totals
1	UOR2018 Participant Registration - erick Boder	\$100.00	\$100.00
1	PRE-CONFERENCE: Crisis Standards of Care Workshop - erick Boder	-----	-----
<b>Sub-Total</b>			\$100.00
<b>Total</b>			\$100.00

## Payments/Adjustments

Qty	Description	Price	Totals
1	Payment via Credit Card (using card xxxxxxxxxxxx5682) <i>Applied to invoice on 5/1/2018 10:46:03 AM</i>	(\$100.00)	(\$100.00)
<b>Total Payments/Adjustments</b>			(\$100.00)
<b>Balance Due</b>			\$0.00

Remit to: Arrowhead EMS Association, 4219 Enterprise Circle, Duluth, MN, 55811

**United Way of West  
Central Minnesota**



**INVOICE**

PO Box 895  
Willmar, MN 56201  
Phone 320-235-1050 Fax 320-235-2774

**DATE:**  
**INVOICE #**

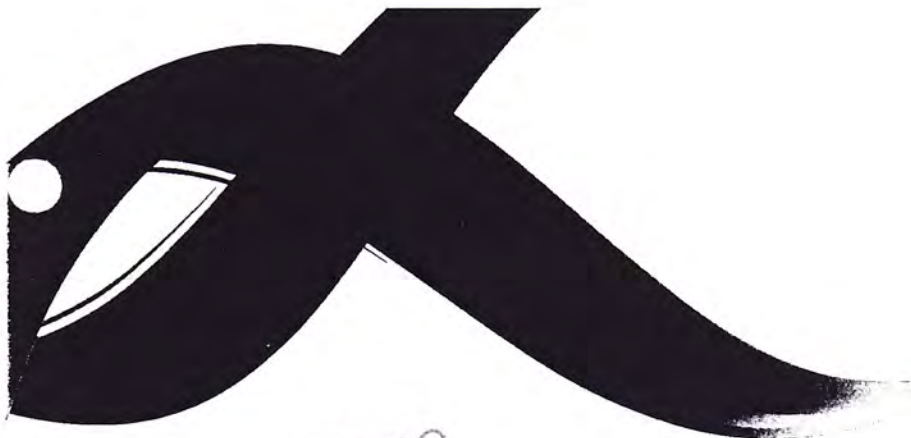
May 5, 2018  
EAFK01

**Bill To:**  
**Meeker-McLeod-Sibley (MMS) Healthy Communities**  
c/o maryb@co.sibley.mn.us

DESCRIPTION	AMOUNT
Equal Access for Kids (EAFK) Initiative - Preschool Bus Monitor	\$ 1,000.00
<b>TOTAL</b>	<b>\$ 1,000.00</b>

Make all checks payable to **United Way of West Central MN**  
If you have any questions concerning this invoice, contact: James Miller 235-1050

*As required by law, United Way acknowledges no commercial goods or services were exchanged for your contribution. Please retain a copy of this form for your tax records. All gifts are tax deductible to the extent provided by IRS regulations. Please consult your tax advisor for more information. The relationship we have with you is important. We do not rent, trade, sell, or otherwise make available a list of our contributors.*



SHIP  
Health Care HE/AL

METROPOLITAN AREA AGENCY  
ON **AGING**

2365 N. McKnight Road  
North St. Paul, MN 55109  
651.641.8612  
www.metroaging.org

Yuriana Soto  
Sibley County Public Health & Human Services  
111 8th St. PO Box 237  
Gaylord, MN 55334

5/14/2018

**INVOICE**

<u>Date</u>	<u>Description</u>	<u>Quantity</u>	<u>Amount</u> <u>Unit Price</u>	<u>Extended Amt.</u>
5/14/2018	Tai Ji Quan: Moving For Better Balance new instructor training 6/27-6/28/18 1 participant-Jennifer Kolter's	1	\$125.00	\$125.00
<b>TOTAL DUE:</b>				<b>\$125.00</b>

**PLEASE REMIT TOTAL DUE TO:**

Metropolitan Area Agency on Aging, Inc.  
2365 McKnight Road  
Suite 3  
North St. Paul, MN 55109

Federal ID# 41-1774247





SHIP  
Health Care HE/AL

METROPOLITAN AREA AGENCY  
ON **AGING**

2365 N. McKnight Road  
North St. Paul, MN 55109  
651.641.8612  
www.metroaging.org

Yuriana Soto  
Sibley County Public Health & Human Services  
111 8th St. PO Box 237  
Gaylord, MN 55334

5/14/2018

**INVOICE**

<u>Date</u>	<u>Description</u>	<u>Quantity</u>	<u>Amount</u> <u>Unit Price</u>	<u>Extended Amt.</u>
5/14/2018	Tai Ji Quan: Moving For Better Balance new instructor training 6/27-6/28/18 1 participant-Jennifer Kolter's	1	\$125.00	\$125.00
<b>TOTAL DUE:</b>				<b>\$125.00</b>

**PLEASE REMIT TOTAL DUE TO:**

Metropolitan Area Agency on Aging, Inc.  
2365 McKnight Road  
Suite 3  
North St. Paul, MN 55109

Federal ID# 41-1774247



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: 04/30/18 - CLOSING DATE: 04/30/18

STATEMENT NO: 187461

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	0.00
CURRENT BILLING (FEES AND DISBURSEMENTS)	615.00
LESS: PAYMENTS/CREDITS	0.00
<b>TOTAL BALANCE DUE</b>	<b>615.00</b>

67180-001

SML

RE: JOINT POWERS AGREEMENT

STATEMENT DATE: 04/30/18 - CLOSING DATE: 04/30/18

STATEMENT NO: 187461

LB

Please Refer to Privacy Notice on Reverse Side.

Barna, Guzy & Steffen, Ltd. • 200 Coon Rapids Boulevard, Suite 400  
Minneapolis, MN 55433-5894 • Telephone: (763) 780-8500 • (800) 422-3486 • Fax: (763) 780-1777



Serial tax ID: 22-3009648  
290 Davidson Ave.  
Somerset, NJ 08873  
Phone: 888-235-3871  
Fax: 732-805-9669

Please remit payment to:  
SHI International Corp  
P.O. Box 952121  
Dallas, TX 75395-2121  
Wire information: Wells Fargo Bank  
Wire Rt# 121000248  
ACH Rt# 021200025  
Account#2000037641964  
SWIFT Code: WFBUS6S  
For W-9 Form, www.shi.com/W9

**Invoice No. B08187879**

Invoice date 5/7/2018  
Customer number 1006494  
Sales order S47541575

Finance charge of 1.5% per month will be charged on  
past due accounts - 18%/yr.  
All returns require an RMA# supplied by your SHI  
Sales team.

**Bill To**  
MN MCLEOD COUNTY  
830 11TH ST EAST  
SUITE 111  
GLENCOE, MN 55336  
USA

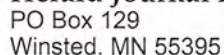
**Ship To**  
MN MCLEOD COUNTY  
830 11TH STREET EAST  
SUITE 111  
GLENCOE, MN 55336  
USA  
043018CHShw/ Vincent Traver

Ship Date	Salesperson	Purchase Order	Ship Via	FOB	Terms
5/7/2018	Greg Rohleder	043018CHShw	ESD	FOB DEST	NET 30

Item No. Mfg Part No.	Description	Qty Ordered	Qty Shipped	Unit Price	Extended Price
16282903 SID700-6-60-36-10 Hardware RSA Security	RSA SecurID SID700 - Hardware token -3 years-pack of 10 Hardware Hardware Contract number: Open Market Maintenance From date: 4/30/2018 Maintenance To date: 4/29/2021	1	1	502.00	502.00
15722079 SID700-6-60-36-5 Hardware RSA - SECURITY	RSA SecurID Authenticator SID700 (36 months) 5 Pack Hardware Hardware Contract number: Open Market Maintenance From date: 4/30/2018 Maintenance To date: 4/29/2021	1	1	251.00	251.00

Quote: 15226955

Sales Balance	753.00
Freight	0.00
Recycling Fee	0.00
Sales Tax	0.00
<b>Total</b>	<b>753.00</b>
<b>Currency</b>	<b>USD</b>



- Herald Journal newspaper
- Dassel-Cokato Enterprise Dispatch
- Delano Herald Journal
- Herald Journal Shopper
- [www.herald-journal.com](http://www.herald-journal.com)

Metro Phone: (320) 485-2535 - Fax: (320) 485-2878 - E-mail: [hj@heraldjournal.com](mailto:hj@heraldjournal.com)



**Hutchinson Leader - Litchfield**  
 STE #100  
 7 SHADY RIDGE NW  
 HUTCHINSON MN 55350  
 (320) 753-3635

Fax(320) 753-3636

Advertising Statement

1  Billing Period	2  Advertiser/Client Name		
04/2018	MMS COMMUNITY HEALTH SERVICES		
23  Total Amount Due	*Unapplied Amount	3  Terms of Payment	
750.00			
21  Current Net Amount Due	22  30 Days	60 Days	Over 90 Days
750.00	.00	.00	.00
4  Page Number	5  Billing Date	6  Billed Account Number	7  Advertiser/Client Number
1	04/30/18	387370 COLLE.	387370

8  Billed Account Name and Address	Amount Paid:
MMS COMMUNITY HEALTH SERVICES ALLIE ELBERT 1805 FORD AVE GLENCOE MN 55336	Comments:

IF YOU WOULD LIKE TO PAY YOUR ACCOUNT BY CREDIT CARD,  
 PLEASE CALL OUR BILLING DEPARTMENT AT (320) 753-3665

Please Return Upper Portion With Payment

10  Date	11  Reference	12 13 14  Description-Other Comments/Charges	15  SAU Size 16  Billed Units	17  Times Run 18  Rate	19  Gross Amount	20  Net Amount
		BALANCE FORWARD				750.00
04/23/18	491288	PAYMENT - THANK YOU				-750.00
	PAY	CK# 995069				
04/29/18	774170	FACEBOOK CAMPAIGN	1.0X 1.00	1		
	SOCMD	HDGT	1.00	0.00	250.00	250.00
04/29/18	774172	SEARCH CAMPAIGN	1.0X 1.00	1		
	SEOPT	HDGT	1.00	0.00	500.00	500.00

Due date: 05/15/18

**Statement of Account** - Aging of Past Due Amounts

21  Current Net Amount Due	22  30 Days	60 Days	Over 90 Days	*Unapplied Amount	23  Total Amount Due
750.00	0.00	0.00	0.00		750.00

**Hutchinson Leader - Litchfield**  
 (320) 753-3635

\* UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

24  Invoice Number	25  Advertiser Information	6  Billed Account Number	7  Advertiser/Client Number	2  Advertiser/Client Name
0418387370	1  Billing Period 04/2018	387370	387370	MMS COMMUNITY HEALTH SE



# INVOICE

QUESTIONS? CONTACT 800-777-4896  
OR (225) 926-1000

3667

CUSTOMER: MCLEOD COUNTY PUBLIC HEALTH  
ADVERTISER: MCLEOD COUNTY PUBLIC HEALTH  
CUSTOMER:  
CONTRACT NO:

LAMAR CUSTOMER NO: 302934  
LAMAR CONTRACT NO: 2931539

INVOICE NO: 109075216  
INVOICE DATE: 04/23/2018  
DUE DATE: 05/23/2018

MARKET / MEDIA TYPE / DESIGN / LOCATION	CONTRACT SERVICE DATES	PANEL NUMBER	PANEL TAB ID	ILLUM	AMOUNT
557 - GROVE CITY, MN 157-St. Cloud, MN Media Type: Posters HWY12 W @MM93.45 NS F/W	4/23/18-5/20/18	10772	30490902	Yes Total Panels:1	375.00
					AMOUNT
STATE TAX	COUNTY or PARISH TAX	CITY TAX			375.00
0.00	0.00	0.00			

REMITTANCE STUB - Please send this with payment.

Thank you for doing business with Lamar. Your prompt payment of this invoice is greatly appreciated.

TO PAY ONLINE, PLEASE VISIT <http://payments.lamar.com>

000302934109075216000000375004

CUSTOMER

MCLEOD COUNTY PUBLIC HEALTH  
1805 FORD AVE SUITE 200  
GLENCOE, MN 55336-1371

TERMS:  
NET 30 DAYS

THIS AMOUNT DUE

375.00

US DOLLARS

Lamar Office Use Only

109075216  
302934-0

pr:04/23/2018 sc:04/25/2018  
ContractPlantAdvertiser

MAIL  
PAYMENT TO

LAMAR COMPANIES  
P.O. BOX 96030  
BATON ROUGE, LA 70896

PLEASE SEE REVERSE FOR IMPORTANT INFORMATION!



Minnesota Recovery Connection  
822 3rd St #101  
Minneapolis, MN 55415  
6125844158

# INVOICE

Invoice #	RCA18-046
Invoice Date	05/10/18
Amount Due:	\$750.00

**Bill To:**

Meeker McLeod Sibley Community  
Health Services  
1805 Ford Avenue N  
Suite 200  
Glencoe, MN 55336  
UNITED STATES

Due Date	Terms
06/09/18	Net 30

Item	Description	Quantity	Price	Amount
RCA Fee	Recovery Coach Academy Attendance	1	\$750.00	\$750.00

April Recovery Coach Academy Fee: Jeanne Holfield

Subtotal:	\$750.00
Sales Tax:	\$0.00
Total:	\$750.00
Payments:	\$0.00
Amount Due:	\$750.00

To pay online, go to <https://app.bill.com/p/minnesotarecoveryconnection>



P.O. BOX 4002  
ACWORTH, GA 30101

0000142 02 SP 0.680 \*\*SNGLP T2 0 6031 55336 -C12-P00142-11



MEEKER MCLEOD SIBLEY COMMUNITY  
1805 FORD AVENUE SE, SUITE 200  
GLENCOE, MN 55336



#### Verizon Wireless News

##### New Activation Message

Welcome to Verizon Wireless! Your first bill may include charges for a partial month of service, plus your first full month's access charge billed one month in advance.

Manage Your Account	Account Number	Date Due
<a href="http://www.vzw.com/mybusinessaccount">www.vzw.com/mybusinessaccount</a>	442204724-00001	05/23/18
Change your address at <a href="http://sso.verizonenterprise.com">http://sso.verizonenterprise.com</a>	Invoice Number	9806290132

## Quick Bill Summary

Apr 20 - Apr 30

Previous Balance (see back for details)	\$0.00
No Payment Received	\$0.00
<b>Balance Forward</b>	<b>\$0.00</b>
Monthly Charges	\$333.10
Equipment Charges	\$1,604.85
Surcharges and Other Charges & Credits	\$13.95
Taxes, Governmental Surcharges & Fees	\$11.90
<b>Total Current Charges</b>	<b>\$1,963.80</b>

**Total Charges Due by May 23, 2018**

**\$1,963.80**

Pay from phone	Pay on the Web	Questions:
#PMT (#768)	At <a href="http://vzw.com/mybusinessaccount">vzw.com/mybusinessaccount</a>	1.800.922.0204 or *611 from your phone



MEEKER MCLEOD SIBLEY COMMUNITY  
1805 FORD AVENUE SE, SUITE 200  
GLENCOE, MN 55336

Bill Date  
Account Number  
Invoice Number

April 30, 2018  
442204724-00001  
9806290132

**Total Amount Due by May 23, 2018**

Make check payable to Verizon Wireless.  
Please return this remit slip with payment.

**\$1,963.80**

\$ , .

P.O. BOX 25505  
LEHIGH VALLEY, PA 18002-5505



98062901320104422047240000100000196380000001963803



Invoice Number	Account Number	Date Due	Page
9806290132	442204724-00001	05/23/18	3 of 10

## Overview of Shared Usage

	Participating Lines as of 04/30/18	Lines Exceeding Allowance after Share	Shared Allowance	Shared Usage	Shared Billable	Cost
Talk – Nationwide for Business Share	5	0	2,000	0	0	---
Data – Flexible Business Share	1	0	.098GB	0GB	0GB	---

## Overview of Lines

Lines Charges	Page Number	Monthly Charges	Usage and Purchase Charges	Equipment Charges	Surcharges and Other Charges and Credits	Taxes, Governmental Surcharges and Fees	Third-Party Charges (includes Tax)	Total Charges	Voice Plan Usage	Messaging Usage	Data Usage	Voice Roaming	Messaging Roaming	Data Roaming
320-296-2551 Wic Bf Peer	4	\$60.49	---	\$291.22	\$2.40	\$2.00	---	\$356.11	---	---	---	---	---	---
320-296-2975 Wic Bf Peer	5	\$60.49	---	\$291.22	\$2.40	\$2.00	---	\$356.11	---	---	---	---	---	---
320-296-8003 Wic Bf Peer	6	\$60.49	---	\$291.22	\$2.40	\$2.00	---	\$356.11	---	---	---	---	---	---
320-405-7179 Wic Bf Peer	7	\$60.49	---	\$291.22	\$2.40	\$2.00	---	\$356.11	---	---	---	---	---	---
320-552-0048 Brett Nelson	8	\$60.49	---	\$284.97	\$2.40	\$2.00	---	\$349.86	---	---	---	---	---	---
507-766-8328 Main Line Desk Phone	9	\$30.65	---	\$155.00	\$1.95	\$1.90	---	\$189.50	---	---	---	---	---	---
<b>Total Current Charges</b>		<b>\$333.10</b>	<b>\$0.00</b>	<b>\$1,604.85</b>	<b>\$13.95</b>	<b>\$11.90</b>	<b>\$0.00</b>	<b>\$1,963.80</b>						

3 WIC PER  
2 HIP  
LPHG



**AMERICINN HUTCHINSON, MN**1115 HWY. 7 EAST  
HUTCHINSON, MN 55350 US

Phone: 320-587-5515

Fax: 320-587-5296

Email: hutchinson.mn@americinn.com

Printed: 4/9/2018 12:24:51 AM

To check out please call  
front desk or dial "0" on your  
phone.**Folio (Detailed)**

Name:	DIEHN, TAMMY	Confirmation Number:	85080EC001463	
Address:	21092 451 Arlington 55307 Arlington, MN 55307 US	Account Number:	352-907478	
Room:	115	Room Type:	NQQ1, QQ1 - 2 QUEEN BEDS, Nights: 1	Guests: 2/0
Rate Plan:	L12	Daily Rate:	1ST FLOOR WEST	GTD: MC - MASTERCARD
Arrival:	4/8/2018 (Sun)	Departure:	\$94.90 + \$9.84 Tax	XXXX XXXX XXXX 8424
			4/9/2018 (Mon)	

Room Rate:

Date	Code	Description	Amount	Balance
4/8/2018	RM	ROOM CHARGE	\$94.90	\$94.90
4/8/2018	TAX1	CITY (0.5%)	\$0.47	\$95.37
4/8/2018	TAX2	LODGING (3%)	\$2.85	\$98.22
4/8/2018	TAX3	STATE (6.875%)	\$6.52	\$104.74

**Summary**

Room	Tax	F&B	Other	CC	Cash	DB
\$94.90	\$9.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Wyndham Rewards members earn valuable points on qualifying stays at nearly 7,000 hotels around the world. Points can be redeemed for free nights, gift cards, merchandise and more. If you're not already a member, join at the front desk, visit us at [www.wyndhamrewards.com](http://www.wyndhamrewards.com) or call 1-866-WYN-RWDS.

**Guest Signature:** \_\_\_\_\_

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind. "We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Opt Out/ Privacy, Wyndham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy."



Steves Copy Shop  
And More  
Thank You

04/03/2018 8:37PM 01  
000000#1065 CLERK01

DEPT. 01  
MDSE ST  
TAX1  
~~\$330.00~~  
\$330.00  
~~\$22.69~~

ITEMS 1Q  
CASH ~~\$352.69~~

STEVE'S COPY SHOP & MORE  
211 W MAIN ST  
ARLINGTON, MN 55307  
(507) 964-2679

**SALE**

MID: 520001478468

TID: 001

REF#: 00000095

Bank ID: 6011

Batch #: 093001

RRN: 250100002

04/03/18

15:22:00

APPR CODE: 044119

VISA

Swiped

\*\*\*\*\*1155

\*\*/\*\*

**AMOUNT**

330.00  
= \$250.00

APPROVED

\$80.00  
pd by  
TD

CUSTOMER COPY





**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
<b>\$1,747.18</b>

Payment Terms	Invoice Date
Net On Receipt	05/13/2018
Invoice No.	Customer No.
147032	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
<b>WeekWork Ending: Apr 15 2018 12:00AM</b>					
Collett, Emily	Consultant	Reg	2.25	\$18.20	\$40.95
Huberty, Amber L	Consultant	Reg	7.75	\$18.20	\$141.05
Miho, Margaret L	Consultant	Reg	8.00	\$18.20	\$145.60
Nicholson, Andrea Joy	Consultant	Reg	3.50	\$21.81	\$76.34
<b>Total This WeekWork Ending:</b>					<b>\$403.94</b>
<b>WeekWork Ending: Apr 22 2018 12:00AM</b>					
Collett, Emily	Consultant	Reg	5.50	\$18.20	\$100.10
Huberty, Amber L	Consultant	Reg	2.25	\$18.20	\$40.95
Miho, Margaret L	Consultant	Reg	4.00	\$18.20	\$72.80
Nicholson, Andrea Joy	Consultant	Reg	14.50	\$21.81	\$316.25
<b>Total This WeekWork Ending:</b>					<b>\$530.10</b>
<b>WeekWork Ending: Apr 29 2018 12:00AM</b>					
Collett, Emily	Consultant	Reg	0.25	\$18.20	\$4.55
Huberty, Amber L	Consultant	Reg	4.75	\$18.20	\$86.45
Miho, Margaret L	Consultant	Reg	7.25	\$18.20	\$131.95
Nicholson, Andrea Joy	Consultant	Reg	0.25	\$21.81	\$5.45
<b>Total This WeekWork Ending:</b>					<b>\$228.40</b>
<b>WeekWork Ending: May 6 2018 12:00AM</b>					
Collett, Emily	Consultant	Reg	0.50	\$18.20	\$9.10
Collett, Emily	Consultant	Expense Reimbursement	1.00	\$22.89	\$22.89
Huberty, Amber L	Consultant	Reg	4.25	\$18.20	\$77.35

**Thank You For Your Business!**

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

Description		Shift	Type	Units	Rate	Amount
Huberty, Amber L	Consultant		Expense Reimbursement	1.00	\$66.49	\$66.49
Huberty, Amber L	Consultant		Expense Reimbursement	1.00	\$20.00	\$20.00
Miho, Margaret L	Consultant		Reg	5.75	\$18.20	\$104.65
Miho, Margaret L	Consultant		Expense Reimbursement	1.00	\$95.37	\$95.37
Nicholson, Andrea Joy	Consultant		Reg	2.75	\$21.81	\$59.98
Nicholson, Andrea Joy	Consultant		Expense Reimbursement	1.00	\$104.64	\$104.64
Total This Week Work Ending:						\$560.47

ACA Admin Fee	\$24.27
---------------	---------

Reg: 73.5 OT: 0 DT: 0 Total Hours: 78.5	Total - This Invoice:	<b>\$1,747.18</b>
---	-----------------------	-------------------

IF PAID AFTER : 06/12/2018      \$1,773.39

**Thank You For Your Business!**

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