Diane L. Winter

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

Date Uploaded to CDS:	2/19/2019											
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	$ 648.00		Follow Along	Follow Along Program County Payment	205	6860	4th Qtr FY2018
					$ 9,677.85		TANF	TANF	224	6871	4th Qtr & 3rd Qtr Remaining FY2018
					$ 6,901.10		WIC-Admin	WIC County payment	225	6856	December 2018
					$ 7,575.90		MCH	MCH County Payment	209	6859	4th Qtr FY2018
				TOTAL	$ 24,802.85						

Diane L. Winter

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

Date Uploaded to CDS:	2/19/2019										
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	$ 648.00		Follow Along	Follow Along Program County Payment	205	6860	4th Qtr FY2018
					$ 21,893.25		TANF	TANF	224	6871	4th Qtr & 3rd Qtr Remaining FY2018
					$ 15,742.36		WIC-Admin	WIC County payment	225	6856	December 2018
					$ 11,803.82		MCH	MCH County Payment	209	6859	4th Qtr FY2018
				TOTAL	**$ 50,087.43**						

Diane L. Winter

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

Date Uploaded to CDS:	2/19/2019										
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	$ 648.00		Follow Along	Follow Along Program County Payment	205	6860	4th Qtr FY2018
					$ 453.00		WIC Peer Grant	WIC Peer Counseling County Payment	234	6861	4th Qtr FY2018
					$ 14,056.51		TANF	TANF	224	6871	4th Qtr & 3rd Qtr Remaining FY2018
					$ 13,335.54		WIC-Admin	WIC County payment	225	6856	December 2018
					$ 731.28		MCH	MCH County Payment	209	6859	4th Qtr FY2018
				TOTAL	$ 29,224.33						

WIC Reimbursement Calculations for First Quarter 2019

Directions: Fill in boxes highlighted in yellow with appropriate amounts.

October

Reimbursement	Spent	Caseload	%	Reimb.
Meeker	11,697.00	540	35.7853%	11,185.05
McLeod	12,282.00	665	44.0689%	13,774.17
CHS Employee-McLeod	11,248.00	0	0.0000%	11,248.00
Sibley	7,277.00	304	20.1458%	6,296.77
Total	**42,504.00**	**1,509**	**100.0000%**	**42,503,99**
Receipts from MDH	**42,504.00**			

Caseload	Meeker	McLeod	Sibley	Total
Clients	540	665	304	1,509
Goal	565	690	313	1,568
Difference	**(25)**	**(25)**	**(9)**	**(59)**

November

Reimbursement	Spent	Caseload	%	Reimb.
Meeker	12,808.00	554	36.6160%	0.00
McLeod	10,712.00	656	43.3580%	0.00
CHS Employee-McLeod	10,736.00		0.0000%	10,736.00
Sibley	10,790.00	303	20.0260%	0.00
Total	**45,046.00**	**1,513**	**100.00000%**	**10,736.00**
Receipts from MDH	**10,736.00**			

Caseload	Meeker	McLeod	Sibley	Total
Clients	554	656	303	1,513
Goal	565	690	314	1,569
Difference	**(11)**	**(34)**	**(11)**	**(56)**

WIC Reimbursement Calculations for First Quarter 2019

Directions: Fill in boxes highlighted in yellow with appropriate amounts.

December

Reimbursement	Spent	Caseload	%	Reimb.
Meeker	14,324.00	543	37.0648%	13,335.54
McLeod	10,877.00	641	43.7543%	15,742.36
CHS Employee-McLeod	11,489.00	0	0.0000%	11,489.00
Sibley	9,895.00	281	19.1809%	6,901.10
Total	**46,585.00**	**1,465**	**100.0000%**	**47,468.00**
Receipts from MDH	**47,468.00**			

Caseload	Meeker	McLeod	Sibley	Total
Clients	543	641	281	1,465
Goal	565	690	313	1,568
Difference	**(22)**	**(49)**	**(32)**	**(103)**

Quarter Total

Reimbursement	Spent	Caseload	Reimb.
Meeker	38,829.00	1,637	24,520.59
McLeod	33,871.00	1,962	29,516.53
CHS Employee-McLeod	33,473.00	0	33,473.00
Sibley	27,962.00	888	13,197.87
Total	**134,135.00**	**4,487**	**100,707.99**
Receipts from MDH	**100,708.00**		

Caseload	Meeker	McLeod	Sibley	Total
Clients	1,637	1,962	888	4,487
Goal	1,695	2,070	940	4,705
Difference	**(58)**	**(108)**	**(52)**	**(218)**

1st Quarter Funding	$	78,556.00	(includes $75,280 + Above Average Travel $3,690+$414 supplemental))
1st Quarter Spent	$	134,135.00	Annual Above Average Travel=$14,760
Funds Available	$	(55,579.00)	

2018 MCH	Meeker	McLeod	Sibley	CHS	Total	
Annual Budget	**$25,738.78**	**$39,923.04**	**$16,518.18**	**$0.00**	**$82,180.00**	
	31.32%	**48.58%**	**20.10%**	**0.00%**	**100.00%**	
Actual Expenses	74,539.56	89,009.86	22,536.83	-	186,086.25	
1st Qtr Reimb 6-28-18 Pd Counties 8-9-18	18,801.17	18,492.67	4,959.29	-	42,253.13	
2nd Qtr Reimb 7-30-18 Pd Counties 8-9-18	1,879.20	2,914.80	1,206.00	-	6,000.00	
2nd Qtr Additional Reimb 8-10-18 Pd Counties 9-11-18	4,191.20	6,500.91	2,689.76	-	13,381.87	
3rd Qtr Payment 12-18-18 Pd to Counties 1-4-19	135.93	210.84	87.23		434.00	
Total Reimb through 3rd Qtr	25,007.50	28,119.22	8,942.28	-	62,069.00	
Total Due to each agency after 3rd Qtr Pymts (to reach budget)	$731.28	$11,803.82	$7,575.90	$0.00	$20,111.00	
County Payments 2-19-19	**$731.28**	**$11,803.82**	**$7,575.90**	**-**	**$20,111.00**	
Total Payments for 2018	$25,738.78	$39,923.04	$16,518.18		82,180.00	
Difference	$0.00	$0.00	$0.00	$0.00	$0.00	

2018 TANF	Meeker	McLeod	Sibley	CHS	Total	
Annual Budget	**$29,757.13**	**$46,155.86**	**$19,097.01**	**$0.00**	**$95,010.00**	
	31.32%	**48.58%**	**20.10%**	**0.00%**	**100.00%**	
Actual Expenses	42,272.00	82,020.32	15,293.40	670.00	$140,255.72	
Actual Reimbursement from State with percentages applied	**24,334.04**	**37,744.19**	**15,616.68**		**$77,694.91**	
1st Qtr Reimb 8-9-18	2838.25	4311.98	1388.18	0	8538.41	
3rd Qtr Reimb 1-4-19	7439.28	11538.96	3880.65	6857.59	29716.48	
Total Reimb through 3rd Qtr	**10277.53**	**15850.94**	**5268.83**	**6857.59**	**38254.89**	
Total Due to each agency after 3rd Qtr Pymts (to reach actual paid by State)	$14,056.51	$21,893.25	$10,347.85	-$6,857.59		
Sibley underspent -transfer to CHS Funds for Reflective Practice			(670.00)	670.00		
4th Qtr Check $39,440.02					39,440.02	
Remaining 3rd Quarter Reimbursement less $670.00					6,187.59	45,627.61
County Payments 2-19-19	**$14,056.51**	**$21,893.25**	**$9,677.85**	**$670.00**	**$46,297.61**	
Total Payments for 2018	$24,334.04	$37,744.19	$14,946.68	670.00	77,694.91	
Difference between budgeted amount and actual payment by State	-$5,423.09	-$8,411.67	-$4,150.33	$670.00	-$17,315.09	

Paying out using percentages applied to total paid in 2018

Total State Payments = **$77,694.91**

	Amount due to counties using % applied to actual 2018 Payments	Amount paid through 3rd Qtr	Amount due 2018 less amount paid	
Meeker	$24,334.04	10277.53	$14,056.51	
McLeod	$37,744.19	15850.94	$21,893.25	
Sibley	$15,616.68	5268.83	$9,677.85	($10,213.18 less $670.00)
	$77,694.91	$31,397.30	$ 45,627.61	$77,024.91
CHS			$ 670.00	670
			$ 46,297.61	$77,694.91

Meeker-McLeod-Sibley Community Health Services
TANF - Transaction Detail By Account
January through December 2018

Type	Date	Num	Name	Memo	Split	Debit	Credit	Balance
5280 · Collections From Other Agencies								
Deposit	03/30/2018	4532983	State of MN	Oct-Dec 2017 TANF state pmt	1001 · Cash		43,170.23	43,170.23
General Journal	05/17/2018	80		Transfer back to CHS	5280 · Collections From Other Agencies	6,209.37		36,960.86
Deposit	06/06/2018	4664656	State of MN	Jan-March 2018 TANF payment	1001 · Cash		8,538.41	45,499.27
Deposit	12/20/2018	5039553	State of MN	TANF 3rd Qtr Pmt	1001 · Cash		29,716.48	75,215.75
Total 5280 · Collections From Other Agencies						6,209.37	81,425.12	75,215.75
6265 · Professional Services								
Check	12/14/2018	995254	Developmental Impact, LLC	Reflective practice	1001 · Cash	670.00		-670.00
Total 6265 · Professional Services						670.00	0.00	-670.00
6871 · TANF								
Check	04/11/2018	995101	Meeker County	2017 4th Qtr payment	1001 · Cash	11,628.00		-11,628.00
Check	04/11/2018	995100	McLeod County	2017 4th Qtr payment	1001 · Cash	22,525.97		-34,153.97
Check	04/11/2018		Sibley County	2017 4th Qtr payment	1001 · Cash	2,806.89		-36,960.86
Check	08/09/2018		Meeker County	1st Qtr TANF payment	1001 · Cash	2,838.25		-39,799.11
Check	08/09/2018	995174	McLeod County	1st Qtr TANF payment	1001 · Cash	4,311.98		-44,111.09
Check	08/09/2018		Sibley County	1st Qtr TANF payment	1001 · Cash	1,388.18		-45,499.27
Total 6871 · TANF						45,499.27	0.00	-45,499.27
TOTAL						**52,378.64**	**81,425.12**	**29,046.48**

Diane L. Wiens

Elan Credit Card Statement - February 2019 **01/04/2019 - 02/04/2019**

Date	Transaction	Name	Memo	Amount	Program Number	Program Name	Account	Account Description
1/14/2019	DEBIT	LQ BLOOMINGTON LLC BLOOMING	24692169012100490486800; 03516; 01/06/2019 FOR 05 NIGHTS FOLIO: 584113	-422.65	212	Project Harmony	6245	Dues & Registration Fees
1/7/2019	DEBIT	U OF M CONTLEARNING 844-228-(	24138299005206326216901; 08220;	-350	230	SHIP Community	6245	Dues & Registration Fees
1/4/2019	DEBIT	TARGET 00012104 HUTCHINSO	24164079003091007227707; 05310;	-27.91	100	LPH	6402	Office Supplies
				-800.56				

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 $800.56 will be automatically deducted from your bank account on 03/01/2019. Please refer to your AutoPay Terms and Conditions for further information regarding this account feature.

PAY TAXES WITH YOUR CARD. It's a fast, easy and secure way to pay your federal and state taxes. FAST - Pay instantly online. Easy - Your payment is processed right away and confirmed with an electronic receipt. SECURE - No worries about your payment getting lost or stolen in the mail. Learn more at officialpayments.com.

Transactions ELBERT,ALETHEA M — Credit Limit $1500

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
			Purchases and Other Debits		
01/04	01/03	7707	TARGET 00012104 HUTCHINSON MN	$27.91	
01/07	01/04	6901	U OF M CONTLEARNING 844-228-0558 MN	$350.00	
01/14	01/11	6800	LQ BLOOMINGTON LLC BLOOMINGTON MN	$422.65	
			Total for Account 4798 5100 6147 2789	**$800.56**	

Transactions BILLING ACCOUNT ACTIVITY

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
			Payments and Other Credits		
01/30	01/30	MTC	PAYMENT THANK YOU	$228.42CR	
			Total for Account 4798 5100 6147 2771	**$228.42CR**	

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	$800.56	$0.00		$0.00	0.00%	
**ADVANCES	$0.00	$0.00		$0.00	0.00%	

Continued on Next Page

Elan™

February 2019 Statement
Open Date: 01/04/2019 Closing Date: 02/04/2019

Account: 4798 5100 6147 2771

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

Cardmember Service
BUS 30 ELN 6
1-866-552-8855
2

New Balance	**$800.56**
Minimum Payment Due	**$800.56**
Payment Due Date	**03/01/2019**

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	+	$228.42
Payments	-	$228.42CR
Other Credits		$0.00
Purchases	+	$800.56
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$800.56**
Past Due		**$0.00**
Minimum Payment Due		**$800.56**
Credit Line		$1,500.00
Available Credit		$699.44
Days in Billing Period		32

RECEIVED
FEB 12 2019

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™

00479851006147277100008000560000800565

Automatic Payment

Account Number:	4798 5100 6147 2771
Your new full balance of $800.56 will be automatically deducted from your account on 03/01/19.	

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

. to pay by phone
. to change your address

000005322 01 SP 000638001456396 P

M M S CHS
ACCOUNTS PAYABLE
114 N HOLCOMBE AVE STE 250
LITCHFIELD MN 55355-2351

LA QUINTA INNS & SUITES

LA QUINTA INN & SUITES MINNEAPOLIS BLOOMINGTON W
5151 AMERICAN BOULEVARD WEST
BLOOMINGTON, MN 55437
(952) 830-1300

HOLFIELD, JEANNE
860 School Rd NW
Hutchinson, MN 55350
Company: AARP

Folio#: 2011584113
Room: 605
Arrival: 01/06/19
Departure: 01/11/19
Returns Club No : xxxx8736
Voucher/Ship/PO:

Trans #	Date	Description	Charges	Payments	Balance
2660706	1/6/2019	Rm: 605 AARP - AARP RATE	$73.80	$0.00	$73.80
2660707	1/6/2019	TAX - OCCUPANCY - CITY	$5.17	$0.00	$78.97
2660708	1/6/2019	TAX - OCCUPANCY - STATE	$5.56	$0.00	$84.53
2661184	1/7/2019	Rm: 605 AARP - AARP RATE	$73.80	$0.00	$158.33
2661185	1/7/2019	TAX - OCCUPANCY - CITY	$5.17	$0.00	$163.50
2661186	1/7/2019	TAX - OCCUPANCY - STATE	$5.56	$0.00	$169.06
2661753	1/8/2019	Rm: 605 AARP - AARP RATE	$73.80	$0.00	$242.86
2661754	1/8/2019	TAX - OCCUPANCY - CITY	$5.17	$0.00	$248.03
2661755	1/8/2019	TAX - OCCUPANCY - STATE	$5.56	$0.00	$253.59
2662335	1/9/2019	Rm: 605 AARP - AARP RATE	$73.80	$0.00	$327.39
2662336	1/9/2019	TAX - OCCUPANCY - CITY	$5.17	$0.00	$332.56
2662337	1/9/2019	TAX - OCCUPANCY - STATE	$5.56	$0.00	$338.12
2662878	1/10/2019	Rm: 605 AARP - AARP RATE	$73.80	$0.00	$411.92
2662879	1/10/2019	TAX - OCCUPANCY - CITY	$5.17	$0.00	$417.09
2662880	1/10/2019	TAX - OCCUPANCY - STATE	$5.56	$0.00	$422.65
2663013	1/11/2019	CC PMT - VISA ... 2789	$0.00	$422.65	$0.00
				Balance:	**$0.00**

Signature:

THANK YOU
WE APPRECIATE YOUR BUSINESS

Program: 212 Proj. Harmony
Account # 6336
Description: Proj. Harmony CHW Trg
Approved by: DLW

University of Minnesota
3 Morrill Hall, 100 Church St. S.E.
Minneapolis, MN, 55455

UNIVERSITY OF MINNESOTA
Driven to Discover℠

RECEIPT

Brett T Nelson
Learner Number: X215021

Transaction Basket: 344599
Date: 04/Jan/2019 12:01 PM

SELECTED ITEMS:

Refer to Account Activity page for payment details

Course Enrollments

PUBH X107-March 18 & 19, 2019	Designing and Conducting Focus Group Interviews	Tuition Fee	$ 350.00

Sub-total: $ 350.00
TOTAL: $ 350.00

Course Schedule: Mon, Tue 8:00AM - 5:00PM Mar/18/2019 - Mar/19/2019
At: Twin Cities
Address: 3 Morrill Hall, 100 Church St. S.E., Minneapolis, MN, 55455

Section Notes: The dates for this section are March 18 & 19, 2019.

Receipt Notes: You will receive an email letter outlining program logistics two weeks prior to the start of the workshop. Requests for refunds will be honored in full if a written cancellation request is received 7 days prior to the course date. After that date, a $50 administration fee will be charged to all refund requests. The Centers for Public Health Education and Outreach (CPHEO) reserves the right to cancel any course. In the event of a course cancellation, registrants will receive a full refund of the program registration fee. CPHEO is not responsible for refund of travel or other costs incurred by registrants.

Drop Request Deadline: Mar/11/2019
Transfer Request Deadline: Mar/11/2019

TOTAL SELECTED: $ 350.00

Brett T Nelson
350 Nathan Ln N, 340
Plymouth, MN 55441

University of Minnesota
3 Morrill Hall, 100 Church St. S.E.
Minneapolis, MN, 55455

UNIVERSITY OF MINNESOTA
Driven to Discover℠

RECEIPT

Brett T Nelson
Learner Number: X215021

Transaction Basket: 344599
Date: 04/Jan/2019 12:01 PM

ACCOUNT ACTIVITY:

Current Payment / (Refund)

Visa ****2789	$ 350.00
Total Current Payment / (Refund):	$ 350.00
TOTAL PAYMENTS / (REFUNDS):	$ 350.00

This receipt certifies your purchase of the course, certificate, or special request item(s) listed above.

The University of Minnesota department or program managing the course, conference, or special request item is your primary contact for details about content, schedule, or price. If the course includes an on-line component, you should now be able to access a link to Online Resources for the course by going to learning.umn.edu and logging in. Look for the "Learner Home", or find your course information under "My Course Schedule" or "My Enrollment History" in your Learner Profile.

If there is an amount owed, your billing contact will receive an invoice from the University of Minnesota along with payment instructions.

Brett T Nelson
350 Nathan Ln N, 340
Plymouth, MN 55441

TARGET
EXPECT MORE. PAY LESS.

HUTCHINSON - 320-587-7113
01/03/2019 09:05 PM EXPIRES 04/03/19

ENTERTAINMENT-ELECTRONICS
056060122 SANDISK 32GB T $11.99

HOME
002020406 66 QT BOX T $14.00 ↓
2 @ $7.00 ea
Saved $3.98 off $17.98

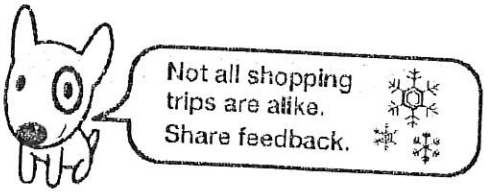
SUBTOTAL $25.99
T = MN TAX 7.3750% on $25.99 $1.92

TOTAL $27.91
*2789 VISA CHARGE $27.91
AID: A0000000031010
Visa Credit

↓ INDICATES SAVINGS

TOTAL SAVINGS THIS TRIP
$3.98

REC#2-9003-1210-0072-2770-4 VCD#751-254-742



Help make your Target Run better.
Take a 2 minute survey about today's trip:

informtarget.com
User ID: 7099 6879 0992
Password: 772 296

CUÉNTENOS EN ESPAÑOL

Please take this survey within 7 days.

Dec 2018

Jan 2019
100 - LPHC
6402 - office supplies

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

Date Uploaded to CDS:	2-22-19

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	PO Box 82510	Lincoln	NE	68501	$2,140.23	March 2019					Employee Insurance

RELIANCE STANDARD
LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP
PO BOX 82510 / LINCOLN NE 68501-2510
Phone: 800-497-7044
Fax: 402-467-7338

Case Number: 9-08507-0001-
Bill Due Date: 03/01/2019
Bill Period: Mar 2019

RECEIVED
FEB 20 2019
BY: .....

Return Service Requested

MEEKER-MCLEOD-SIBLEY COMM HEALTH SVCS
ATTN: JEANNE HOLFIELD
114 NORTH HOLCOMBE
SUITE 250
LITHCHFIELD, MN 55355

Remit Payment to:

Reliance Standard Life Insurance Company
ATTN: RSL Group Admin
PO Box 82510
Lincoln, NE 68501

Return this top portion with your amount due.

Total Amount Due $2,140.23

Employee Name Plan Name	Dependent Coverage	Previous Balance	Benefit Amount**	Covered Monthly Earnings (CME)*	Premium Amount	Total Amount
Meeker-McLeod-Sibley Comm Health Svcs						
Bratsch, Emmi						$227.35
Dental	No	$90.88			$136.32	
Life AD&D	No	$2.75	$25,000.00		$5.50	
STD	No	$57.02	$432.00		$85.53	
Elbert, Alethea						$90.88
Dental	No	$90.88			$90.88	
Hanson, Lindsey						$73.18
Life AD&D	No	$2.25	$25,000.00		$5.00	
LTD	No	$34.09		$4,801.00	$68.18	
Holifield, Jeanne						$512.40
Dental	No	$90.88			$136.32	
Life AD&D	No	$21.75	$25,000.00		$43.50	
LTD	No	$104.73		$3,117.00	$209.46	
STD	No	$82.08	$432.00		$123.12	
Kloeckl, Julie						$759.74
Dental	Yes	$174.32			$261.48	
Life AD&D	No	$14.00	$25,000.00		$28.00	
LTD	No	$139.16		$5,373.00	$278.32	
STD	No	$127.96	$744.00		$191.94	
Nelson, Brett						$362.36
Dental	No	$90.88			$136.32	
Life AD&D	No	$1.75	$25,000.00		$3.50	
LTD	No	$25.74		$4,680.00	$51.48	
STD	No	$114.04	$648.00		$171.06	
Remington, Jessica						$78.32
Life AD&D	No	$2.25	$25,000.00		$4.50	
LTD	No	$36.91		$5,198.00	$73.82	

0037046100164601

Diane L. Winder

Bill Process Date: 02/15/19

Case Number: 9-08507-0001-
Bill Due Date: 03/01/2019
Bill Period: Mar 2019

Employee Name Plan Name	Dependent Coverage	Previous Balance	Benefit Amount**	Covered Monthly Earnings (CME)*	Premium Amount	Total Amount
				Meeker-McLeod-Sibley Comm Health Svcs		$2,104.23
					Bill Sub Total	$2,104.23
					***Billing Fee	$36.00
					Balance Forward	$0.00
					****Bill Total	$2,140.23

Plan Name	Plan Number	Total	Participants
Dental	9001-1870	$761.32	5
Life AD&D	753947	$90.00	6
LTD	728983	$681.26	5
STD	703101	$571.65	4

Make your check payable to: Reliance Standard Life Insurance Company

Write your Case Number on your check and mail it in the enclosed envelope with a copy of your bill.

*** CME - Covered Monthly Earnings are used to calculate LTD premium amounts (if applicable).**

**** Benefit Amount is used to calculate Life & STD premium amounts (if applicable).**

***** The Billing Fee includes the current month billing fee as well as any fees due for previous billings that have not been paid.**

****** "Bill Total" may include previous amount due**

Bill Process Date: 02/15/19

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

Date Uploaded to CDS:	2/20/2019

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
Marketing Systems Group	Suite A, 155 Gaither Dr	Mount Laurel	NJ	08054	$ 864.42	146145	Healthy Communities Coalition	Professional Services	103	6265	Profession Services

Marketing Systems Group

GENESYS SAMPLING
PRO-T-S
ARCS

INVOICE

Invoice Date 10/26/2018
Invoice Number 146145

Meeker-McLeod-Sibley Community Health Services
Mary Bachman
PO Box 237
Gaylord, MN 55334

Customer Number	MSG Job Number	Customer Job Number	Customer Job Name	Ordered By
301050	04140891		MN Counties: Meeker, McLeod and Sibley	Mary Bachman

Date Sent 10/15/2018

Description	Quantity	Unit Price	Total
DSF Sample Including Augmented Addresses	6,750	$0.0200	$135.00
DSF Premier Name and/or Phone Append	6,438	$0.0900	$579.42
Additional Set-Up Cost	3	$50.0000	$150.00

Program: 103 - Healthy Communities
Account # 6265 Prof. Services
Description: _____
Approved by: DLW

TERMS: NET 30

Please remit payment to:
Marketing Systems Group
Suite A
155 Gaither Drive
Mount Laurel, NJ 08054

Sub Total	$864.42
Shipping	$0.00
Sales TAX	$0.00
Total	$864.42

E.I.N. 23 - 2776958

Donna Miller - Re: CHS Invoice Needs Approval

From: Mike Housman
To: Donna Miller; Sarah Schoeberl; Ron Shimanski; Bobbie;
Date: 2/21/2019 1:24 PM
Subject: Re: CHS Invoice Needs Approval

Approved.

>>> Donna Miller 02/20/19 1:34 PM >>>

Hello,

Here is an invoice for approval.

Thank you, Donna

Donna Miller
Meeker County Public Health
114 N. Holcombe Ave. Suite 250
Litchfield, MN 55355
320-693-5370 Main Office
320-693-5390 Donna's Desk
320-693-5379 WIC Clinic
320-693-5399 Fax

Diane L. Winter

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

Date Uploaded to CDS:	2/11/2019										
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
Sibley County	111 8th St Box 237	Gaylord	MN	55334	$ 23,029.19		WIC-Admin	WIC County payment	225	6856	4th Qtr FY2018
				TOTAL	$ 23,029.19						

Diane L. Winter

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

Date Uploaded to CDS:	2/11/2019

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
McLeod County	2391 Hennepin Ave N.	Glencoe	MN	55336	$ 49,641.93		WIC-Admin	WIC County payment	225	6856	4th Qtr FY2018
				TOTAL	**$ 49,641.93**						

Diane L. Winter

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

Date Uploaded to CDS:	2/11/2019

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
Meeker County	114 N Holcombe Suite 250	Litchfield	MN	55355	$ 42,038.85		WIC-Admin	WIC County payment	225	6856	4th Qtr FY2018
				TOTAL	$ 42,038.85						

MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES

On-Line Payment Notification and Breakdown

Diane L. Winter

Date Paid Online	1/28/2019
Date Uploaded to CDS:	2/6/2019

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
Health Partners ON-LINE					$ 1,833.06		Local Public Health Grant	Health & Life Ins-County Share	100	2045	Jan Health Ins. Premium
					$ 1,463.00		Project Harmony Grant	Health & Life Ins-County Share	212	2045	Jan Health Ins. Premium
					$ 836.60		WIC-Admin	Health & Life Ins-County Share	225	2045	Jan Health Ins. Premium
					$ 1,112.93		Emergency Preparedness	Health & Life Ins-County Share	502	2045	Jan Health Ins. Premium
					$ 361.10		SHIP-Community	Health & Life Ins-County Share	230	2045	Jan Health Ins. Premium
				TOTAL	**$ 5,606.69**						

Home / E-Billing

E-Billing

Payment history

Show all payments

MEEKER-MCLEOD-SIBLEY (35470)

Payment information

1 results found

Search

Billing account	Invoice	Bank nickname	Payment/ distribution date	Payment/ distribution amount	Confirm number	Payment status	Billing period	Payment method	Return reason	Notes
35470	86822008	Security Bank & Trust	Jan 28, 2019	$5,606.69	868220081	Complete	Feb 2019	Recurring		

Show 25 results per page

Prev 1 Next

HealthPartners

Date: 01/08/19

Group Name: MEEKER-MCLEOD-SIBLEY
Billing Representative: Hallesy, Jolene M.
Contact Number: 952-883-6002

Account Number: 35470
Invoice Number: 86822008
Billing Period: 02/01/19

INVOICE SUMMARY

Summary of Charges

	USD
Current Billing:	$5,606.69
Retroactive Adjustments:	$0.00
Account Adjustments:	$0.00
Invoice Total:	$5,606.69

Site	Package	Product Type	Tier	Plan	Current Counts	Rate	Current Billing
0	SE677	MN - HP SE HSA SILVER	CH 24	PREM	1	344.56	344.56
0	SE677	MN - HP SE HSA SILVER	DEPENDENT 0-17	PREM	2	306.66	613.32
0	SE677	MN - HP SE HSA SILVER	DEPENDENT 19	PREM	1	306.66	306.66
0	SE677	MN - HP SE HSA SILVER	EMP 27	PREM	1	361.10	361.10
0	SE677	MN - HP SE HSA SILVER	EMP 34	PREM	2	418.30	836.60
0	SE677	MN - HP SE HSA SILVER	EMP 38	PREM	1	429.32	429.32
0	SE677	MN - HP SE HSA SILVER	EMP 42	PREM	1	456.54	456.54
0	SE677	MN - HP SE HSA SILVER	EMP 55	PREM	1	768.37	768.37
0	SE677	MN - HP SE HSA SILVER	EMP 64	PREM	1	1,033.68	1,033.68
0	SE677	MN - HP SE HSA SILVER	SP 42	PREM	1	456.54	456.54
						Total:	**$5,606.69**

	SE677	MN - HP SE HSA SILVER	CH 24	PREM	1	344.56	344.56
	SE677	MN - HP SE HSA SILVER	DEPENDENT 0-17	PREM	2	306.66	613.32
	SE677	MN - HP SE HSA SILVER	DEPENDENT 19	PREM	1	306.66	306.66
	SE677	MN - HP SE HSA SILVER	EMP 27	PREM	1	361.10	361.10
	SE677	MN - HP SE HSA SILVER	EMP 34	PREM	2	418.30	836.60
	SE677	MN - HP SE HSA SILVER	EMP 38	PREM	1	429.32	429.32
	SE677	MN - HP SE HSA SILVER	EMP 42	PREM	1	456.54	456.54
	SE677	MN - HP SE HSA SILVER	EMP 55	PREM	1	768.37	768.37
	SE677	MN - HP SE HSA SILVER	EMP 64	PREM	1	1,033.68	1,033.68
	SE677	MN - HP SE HSA SILVER	SP 42	PREM	1	456.54	456.54
						Grand Total for All Sites:	**$5,606.69**

Invoice Number: 86822008
Account Number: 35470
Billing Period: 02/01/19

CHARGES

Contract	Policyholder	Social Security	Contract Effective Date	Package	Tier	Plan		Package Rate
5056285	Bratsch, Emmi	XXX-XX-2489	09/01/18	SE677	EMP 38	PREM		429.32
							Subtotal:	**$429.32**
4901891	Elbert, Alethea	XXX-XX-0625	01/01/18	SE677	DEPENDENT 0-17	PREM		306.66
				SE677	DEPENDENT 0-17	PREM		306.66
				SE677	DEPENDENT 19	PREM		306.66
				SE677	EMP 42	PREM		456.54
				SE677	SP 42	PREM		456.54
							Subtotal:	**$1,833.06**
5026606	Hanson, Lindsay	XXX-XX-3958	08/01/18	SE677	EMP 34	PREM		418.30
							Subtotal:	**$418.30**
5026584	Holfield, Jeanne	XXX-XX-2753	05/01/18	SE677	EMP 64	PREM		1,033.68
							Subtotal:	**$1,033.68**
5061368	Kloeckl, Julie	XXX-XX-7084	10/01/18	SE677	CH 24	PREM		344.56
				SE677	EMP 55	PREM		768.37
							Subtotal:	**$1,112.93**
4991395	Nelson, Brett	XXX-XX-5942	06/01/18	SE677	EMP 27	PREM		361.10
							Subtotal:	**$361.10**
4901918	Remington, Jessica	XXX-XX-6010	01/01/18	SE677	EMP 34	PREM		418.30
							Subtotal:	**$418.30**
							Total for Site 0:	**$5,606.69**

1	SE677	EMP 38	PREM	429.32	429.32
2	SE677	DEPENDENT 0-17	PREM	306.66	613.32
1	SE677	DEPENDENT 19	PREM	306.66	306.66
1	SE677	EMP 42	PREM	456.54	456.54
1	SE677	SP 42	PREM	456.54	456.54
2	SE677	EMP 34	PREM	418.30	836.60
1	SE677	EMP 64	PREM	1,033.68	1,033.68
1	SE677	CH 24	PREM	344.56	344.56
1	SE677	EMP 55	PREM	768.37	768.37
1	SE677	EMP 27	PREM	361.10	361.10
				Grand Total for All Sites:	**$5,606.69**

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

Date Uploaded to CDS:	2/6/2019										
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
A&T Diehn Enterprises, LLC	21092 451st Ave	Arlington	MN	55307	$ 800.00	Feb 2019	MRC	Professional Services	501	6265	Professional Services
Health Partners AUTO PAID					$ 5,606.69	86822008		Health & Life Ins-County Share		6153	Health Ins Prem-see separate workbook for breakdown
MN Counties Intergrovernmental Trust	100 Empire Dr, Suite 100	St. Paul	MN	55103	$ 8,963.00	17708R	Local Public Health Grant	Other Charges & Services	100	6350	Work Comp
Powermind Systems, Inc	22320 Albatross Circle	Farmington	MN	55024	$ 82.36	2426	SHIP-Workplace	Professional Services	233	6265	Professional Services
Reliance Standard Life Insurance Co	PO Box 82510	Lincoln	NE	68501	$ 160.43	Jan 2019	Project Harmony Grant	Health & Life Ins-County Share	212	6153	Health/Life Co Share EB&JH
					$ 45.44		Local Public Health Grant	Health & Life Ins-County Share	100	6153	Health/Life Co Share AE
					$ 151.14		Emergency Preparedness	Health & Life Ins-County Share	502	6153	Health/Life Co Share JK
					$ 102.46		SHIP-Community	Health & Life Ins-County Share	230	6153	Health/Life Co Share BN
					$ 12.00		Local Public Health Grant	Health & Life Ins-County Share	100	6153	Billing Fee
				TOTAL	$ 471.47						
Reliance Standard Life Insurance Co	PO Box 82510	Lincoln	NE	68501	$ 450.09	Feb 2019	Project Harmony Grant	Health & Life Ins-County Share	212	6153	Health/Life Co Share EB&JH
					$ 170.10		Local Public Health Grant	Health & Life Ins-County Share	100	6153	Health/Life Co Share AE
					$ 75.50		WIC-Admin	Health & Life Ins-County Share	225	6153	Health/Life Co Share LH&JR
					$ 455.44		Emergency Preparedness	Health & Life Ins-County Share	502	6153	Health/Life Co Share JK
					$ 232.41		SHIP-Community	Health & Life Ins-County Share	230	6153	Health/Life Co Share BN
					$ 24.00		Local Public Health Grant	Health & Life Ins-County Share	100	6153	Billing Fee
				TOTAL	$ 1,407.54						
Vivd Image, Inc	897 Highway 15 S	Hutchinson	MN	55350	$ 35.00	13447	Local Public Health Grant	Professional Services	100	6265	Website Domain
Wayside Recovery Center	7401 Metro Blvd, Suite 200	Edina	MN	55439	$ 50.00	Feb 2019	Project Harmony Grant	Dues & Registrations Fees	212	6245	Dues & Registrations

Donna Miller - Re: MMS CHS Invoice Payment Request Workbook for 02/06/2019

From: Mike Housman
To: Donna Miller; Sarah Schoeberl; Ron Shimanski; Bobbie;
Date: 2/5/2019 7:29 PM
Subject: Re: MMS CHS Invoice Payment Request Workbook for 02/06/2019

Hello Donna,

I approve these invoices. I have a few questions though regarding the dental/life/disability insurance... I cc'd Diane, because she may be better able to answer my questions.

1). I see Allie still listed for coverage, I can't remember her exact end date, but it would seem that coverage should be ending.
2). Is the cost of the dental 100% covered by the CHS? I apologize for my bad memory, as I'm sure there was a board decision on this...

thanks!
Mike

>>> Donna Miller 02/05/19 4:29 PM >>>

Hello Mike,
Attached please find the MMS CHS Invoice Workbook for your approval.
Thanks, Donna

Donna Miller
Meeker County Public Health
114 N. Holcombe Ave. Suite 250
Litchfield, MN 55355
320-693-5370 Main Office
320-693-5390 Donna's Desk
320-693-5379 WIC Clinic
320-693-5399 Fax

A&T Diehn Enterprises, LLC
21092 451st Avenue
Arlington, MN 55307
(507)381-4082

Statement Date: 2/2/2019

STATEMENT OF ACCOUNT

Gustavus Adolphus College Attn: Heather Dale, Health Services Director
800 W. College Avenue
St. Peter, MN 56082

DATE	DESCRIPTION	CHARGES	CREDITS	ACCOUNT BALANCE
1/27/2019	QPR-Community Event- Gaylord (14)	$400.00		$400.00
1/28/2019	QPR-Winthrop First Responders (22)	$400.00		$400.00
	Total Amount Due			$800.00

Program: 501 MRC
Account # 6265
Description: Prof. Services
Approved by: Blue

Donna Miller - Fwd: CHS Invoice

From: Julie Schrum
To: Donna Miller
Date: 2/4/2019 10:45 AM
Subject: Fwd: CHS Invoice
Attachments: CHS Billing Statement 020119.pdf

Good morning Julie,

Attached is a bill to be paid out of the CHS – MRC account. This is for the contract with Tammy Diehn to facilitate QPR trainings. Her original contract was for up to $12,000 or until May 1st, 2019. This should bring that total remaining down to $6,400.

Let me know if you have any questions!
Thank you,

Jayme Krauth, Health Educator
McLeod County Public Health
Direct: 320-864-1228 • Agency: 320-864-3185 • Fax: 320-864-1484
1805 Ford Ave. N, Suite 200. Glencoe, MN 55336 • www.co.mcleod.mn.us

How did I do today? Click here to complete our customer service survey.

Home / E-Billing

E-Billing

Payment history

Show all payments

MEEKER-MCLEOD-SIBLEY (35470)

Payment information

1 results found

Search

Billing account	Invoice	Bank nickname	Payment/ distribution date	Payment/ distribution amount	Confirm number	Payment status	Billing period	Payment method	Return reason	Notes
35470	86822008	Security Bank & Trust	Jan 28, 2019	$5,606.69	868220081	Complete	Feb 2019	Recurring		

Show 25 results per page

Prev 1 Next

HealthPartners

Date: 01/08/19

Group Name: MEEKER-MCLEOD-SIBLEY
Billing Representative: Hallesy, Jolene M.
Contact Number: 952-883-6002

Account Number: 35470
Invoice Number: 86822008
Billing Period: 02/01/19

INVOICE SUMMARY

Summary of Charges	**USD**
Current Billing:	$5,606.69
Retroactive Adjustments:	$0.00
Account Adjustments:	$0.00
Invoice Total:	$5,606.69

Site	Package	Product Type	Tier	Plan	Current Counts	Rate	Current Billing
0	SE677	MN - HP SE HSA SILVER	CH 24	PREM	1	344.56	344.56
0	SE677	MN - HP SE HSA SILVER	DEPENDENT 0-17	PREM	2	306.66	613.32
0	SE677	MN - HP SE HSA SILVER	DEPENDENT 19	PREM	1	306.66	306.66
0	SE677	MN - HP SE HSA SILVER	EMP 27	PREM	1	361.10	361.10
0	SE677	MN - HP SE HSA SILVER	EMP 34	PREM	2	418.30	836.60
0	SE677	MN - HP SE HSA SILVER	EMP 38	PREM	1	429.32	429.32
0	SE677	MN - HP SE HSA SILVER	EMP 42	PREM	1	456.54	456.54
0	SE677	MN - HP SE HSA SILVER	EMP 55	PREM	1	768.37	768.37
0	SE677	MN - HP SE HSA SILVER	EMP 64	PREM	1	1,033.68	1,033.68
0	SE677	MN - HP SE HSA SILVER	SP 42	PREM	1	456.54	456.54
						Total:	**$5,606.69**

	SE677	MN - HP SE HSA SILVER	CH 24	PREM	1	344.56	344.56
	SE677	MN - HP SE HSA SILVER	DEPENDENT 0-17	PREM	2	306.66	613.32
	SE677	MN - HP SE HSA SILVER	DEPENDENT 19	PREM	1	306.66	306.66
	SE677	MN - HP SE HSA SILVER	EMP 27	PREM	1	361.10	361.10
	SE677	MN - HP SE HSA SILVER	EMP 34	PREM	2	418.30	836.60
	SE677	MN - HP SE HSA SILVER	EMP 38	PREM	1	429.32	429.32
	SE677	MN - HP SE HSA SILVER	EMP 42	PREM	1	456.54	456.54
	SE677	MN - HP SE HSA SILVER	EMP 55	PREM	1	768.37	768.37
	SE677	MN - HP SE HSA SILVER	EMP 64	PREM	1	1,033.68	1,033.68
	SE677	MN - HP SE HSA SILVER	SP 42	PREM	1	456.54	456.54
						Grand Total for All Sites:	**$5,606.69**

Program: _____

Account # 6153

Description: Health Ins

Approved by: _____

Invoice Number: 86822008
Account Number: 35470
Billing Period: 02/01/19

CHARGES

Contract	Policyholder	Social Security	Contract Effective Date	Package	Tier	Plan		Package Rate
5056285	Bratsch, Emmi	XXX-XX-2489	09/01/18	SE677	EMP 38	PREM		429.32
							Subtotal:	**$429.32**
4901891	Elbert, Alethea	XXX-XX-0625	01/01/18	SE677	DEPENDENT 0-17	PREM		306.66
				SE677	DEPENDENT 0-17	PREM		306.66
				SE677	DEPENDENT 19	PREM		306.66
				SE677	EMP 42	PREM		456.54
				SE677	SP 42	PREM		456.54
							Subtotal:	**$1,833.06**
5026606	Hanson, Lindsay	XXX-XX-3958	08/01/18	SE677	EMP 34	PREM		418.30
							Subtotal:	**$418.30**
5026584	Holfield, Jeanne	XXX-XX-2753	05/01/18	SE677	EMP 64	PREM		1,033.68
							Subtotal:	**$1,033.68**
5061368	Kloeckl, Julie	XXX-XX-7084	10/01/18	SE677	CH 24	PREM		344.56
				SE677	EMP 55	PREM		768.37
							Subtotal:	**$1,112.93**
4991395	Nelson, Brett	XXX-XX-5942	06/01/18	SE677	EMP 27	PREM		361.10
							Subtotal:	**$361.10**
4901918	Remington, Jessica	XXX-XX-6010	01/01/18	SE677	EMP 34	PREM		418.30
							Subtotal:	**$418.30**
							Total for Site 0:	**$5,606.69**

1	SE677	EMP 38	PREM	429.32	429.32
2	SE677	DEPENDENT 0-17	PREM	306.66	613.32
1	SE677	DEPENDENT 19	PREM	306.66	306.66
1	SE677	EMP 42	PREM	456.54	456.54
1	SE677	SP 42	PREM	456.54	456.54
2	SE677	EMP 34	PREM	418.30	836.60
1	SE677	EMP 64	PREM	1,033.68	1,033.68
1	SE677	CH 24	PREM	344.56	344.56
1	SE677	EMP 55	PREM	768.37	768.37
1	SE677	EMP 27	PREM	361.10	361.10
				Grand Total for All Sites:	**$5,606.69**

Invoice

Minnesota Counties Intergovernmental Trust
MCIT

Invoice 17708R
Date 1/1/2019
Customer Number 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

Member ID	Payment Due Date	Effective Date	Expiration Date
	01/31/2019	01/01/2019	01/01/2020

Item Number	Description	Amount
PC234019-1	PC RENEWAL	$3,527.00
WC234019-1	WC RENEWAL	$5,436.00

Total $8,963.00

Program: 100 - LPHG
Account # ~~6151~~ 6350 Other Charges/Services
Description: Work Comp
Approved by: DLW

Payment due by 1/31/2019 or finance charges will accrue. See Article X, Section 10.1 of the MCIT Bylaws for payment terms. Issuance of this invoice denotes continuing membership in MCIT per the MCIT Joint Powers Agreement and By-laws.

Powermind Systems, Inc.

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

Invoice

Date	Invoice #
1/26/2019	2426

Bill To
Pam Bagley Meeker County

mileage invoice from Mike Kufer for SHIP Worksite Wellness Planning Mtg @ SWIF from 1/24/19

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
142	mileage	0.58	82.36

Program: SHIP 233
Account # ~~6350 Other~~ 6265
Description: Prof Services
Approved by: DLN

Phone #
651-460-8205

Total $82.36

RELIANCE STANDARD
LIFE INSURANCE COMPANY

A MEMBER OF THE TOKIO MARINE GROUP

PO Box 82510
Lincoln, NE 68501
800-497-7044
402-467-7338 (FAX)

Case Number: **08507-0001-**
Bill Due Date: **1/1/2019**
Bill Period: **Jan 2019**

Meeker-McLeod-Sibley Comm Health Svcs
ATTN: Jeanne Holfield
1805 Ford Avenue
Suite 200
Glencoe, MN 55336

Remit Payment to

Reliance Standard Life Insurance Company
ATTN: RSL Group Admin
PO Box 82510
Lincoln, NE 68501

Total Amount Due **$471.47**

Employee Name	Plan Name	Dependent Coverage	Previous Balance	Benefit Amount **	Covered Monthly Earnings (CME) *	Premium Amount	Total Amount
Meeker-McLeod-Sibley Comm Health Svcs							
Bratsch, Emmi	Dental	No	$0.00			$45.44	**$73.95**
212	STD	No	$0.00	$432.00		$28.51	
Elbert, Alethea 100	Dental	No	$0.00			$45.44	**$45.44**
Holifield, Jeanne 212	Dental	No	$0.00			$45.44	**$86.48**
	STD	No	$0.00	$432.00		$41.04	
Kloeckl, Julie 502	Dental	Yes	$0.00			$87.16	**$151.14**
	STD	No	$0.00	$744.00		$63.98	
Nelson, Brett 230	Dental	No	$0.00			$45.44	**$102.46**
	STD	No	$0.00	$648.00		$57.02	

Meeker-McLeod-Sibley Comm Health Svcs -- $459.47

Bill Sub Total -- $459.47

*****Billing Fee -- $12.00**

Balance Forward -- $0.00

******Bill Total -- $471.47**

Plan Name	Plan Number	Total	Participants
Dental	**9001-1870**	**$268.92**	**5**
STD	**703101**	**$190.55**	**4**

Make your check payable to Reliance Standard Life Insurance Company.
"Write your Case Number on your check and mail it in the enclosed envelope with a copy of your bill.

*** CME - Covered Monthly Earnings are used to calculate LTD premium amounts (if applicable).**
**** Benefit Amount is used to calculate Life & STD premium amounts (if applicable).**
***** The Billing Fee includes the current month billing fee as well as any fees due for previous billings that have not been paid.**
****** "Bill Total" may include previous amount due**

Program: see above
Account # 6183 - Health/Life Co. Share
Description: 2048-2049-2050
Approved by: DLW

Bill Process Date: 01/24/2019

RELIANCE STANDARD
LIFE INSURANCE COMPANY

A MEMBER OF THE TOKIO MARINE GROUP

PO Box 82510
Lincoln, NE 68501
800-497-7044
402-467-7338 (FAX)

Case Number: **08507-0001-**
Bill Due Date: **2/1/2019**
Bill Period: **Feb 2019**

Meeker-McLeod-Sibley Comm Health Svcs
ATTN: Jeanne Holfield
1805 Ford Avenue
Suite 200
Glencoe, MN 55336

Remit Payment to

Reliance Standard Life Insurance Company
ATTN: RSL Group Admin
PO Box 82510
Lincoln, NE 68501

Total Amount Due **$1,407.54**

Employee Name	Plan Name	Dependent Coverage	Previous Balance	Benefit Amount **	Covered Monthly Earnings (CME) *	Premium Amount	Total Amount
Meeker-McLeod-Sibley Comm Health Svcs							
Bratsch, Emmi	Dental	No	$45.44			$90.88	**$150.65**
212	Life AD&D	No	$0.00	$25,000.00		$2.75	
	STD	No	$28.51	$432.00		$57.02	
Elbert, Alethea	Dental	No	$45.44			$90.88	**$170.10**
	Life AD&D	No	$0.00	$25,000.00		$3.50	
100	LTD	No	$0.00		$7,011.00	$75.72	
Hanson, Lindsey	Life AD&D	No	$0.00	$25,000.00		$2.25	**$36.34**
225	LTD	No	$0.00		$4,801.00	$34.09	
Holifield, Jeanne	Dental	No	$45.44			$90.88	**$299.44**
	Life AD&D	No	$0.00	$25,000.00		$21.75	
212	LTD	No	$0.00		$3,117.00	$104.73	
	STD	No	$41.04	$432.00		$82.08	
Kloeckl, Julie	Dental	Yes	$87.16			$174.32	**$455.44**
	Life AD&D	No	$0.00	$25,000.00		$14.00	
502	LTD	No	$0.00		$5,373.00	$139.16	
	STD	No	$63.98	$744.00		$127.96	
Nelson, Brett	Dental	No	$45.44			$90.88	**$232.41**
	Life AD&D	No	$0.00	$25,000.00		$1.75	
230	LTD	No	$0.00		$4,680.00	$25.74	
	STD	No	$57.02	$648.00		$114.04	
Remington, Jessica	Life AD&D	No	$0.00	$25,000.00		$2.25	**$39.16**
225	LTD	No	$0.00		$5,198.00	$36.91	

Meeker-McLeod-Sibley Comm Health Svcs -- $1,383.54

Bill Sub Total -- $1,383.54

*****Billing Fee -- $24.00**

Balance Forward -- $0.00

******Bill Total -- $1,407.54**

Program: See above
Account # 6153 - Health/Life Co-Share
Description:
Approved by: DCW

Bill Process Date: 02/02/2019

Plan Name	Plan Number	Total	Participants
Dental	9001-1870	$537.84	5
Life AD&D	753947	$48.25	7
LTD	728983	$416.35	6
STD	703101	$381.10	4

Make your check payable to Reliance Standard Life Insurance Company.
"Write your Case Number on your check and mail it in the enclosed envelope with a copy of your bill.

* CME - Covered Monthly Earnings are used to calculate LTD premium amounts (if applicable).
** Benefit Amount is used to calculate Life & STD premium amounts (if applicable).
*** The Billing Fee includes the current month billing fee as well as any fees due for previous billings that have not been paid.
**** "Bill Total" may include previous amount due

Vivid Image, Inc.
897 Highway 15 S
Hutchinson, MN 55350
(320) 587-8974

INVOICE

INVOICE # 13447
DATE 01/31/2019
DUE DATE 02/15/2019
TERMS Net 15

BILL TO
Meeker, McLeod Sibley
Healthy Communities
1805 Ford Ave N Suite 200
Glencoe, MN 55336

Please detach top portion and return with your payment.

ACCOUNT DIRECTOR
Cory Dammann

SERVICE	QTY	AMOUNT
DOMAIN NAME - 1 YR RENEWAL mmshealthycommunities.com	1	35.00
SALES TAX Sales Tax calculated by AvaTax on Mon Jan 21 05:45:10 UTC 2019	1	0.00

We accept Visa, MasterCard, and Discover for your convenience. If we have not received your payment by its due date, we may apply a late fee of $20.00.

There is a $30.00 charge for all returned checks.

BALANCE DUE **$35.00**

Program: 100 - LPHG
Account # ~~6151~~ Prof. Services #6265
Description: website domain
Approved by: DLW

Wayside Recovery Center
7401 Metro Blvd, Suite 200
Edina, MN 55439
952-926-5626

WAYSIDE RECOVERY CENTER

INVOICE	DATE
	FEBRUARY 1, 2019

BILL TO	SHIP TO	INSTRUCTIONS
Meeker County Public Health 114 N. Holcombe Avenue, Suite 250 Litchfield, MN 55355 Attn: Catherine Birr, RN, PHN, CPST, CLC	Same as recipient	Please remit check to above address Attn: Rebecca Buller

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
2 Registrations	Fourth Friday Forum	25.00	50.00
	They Interplay Between Personal Values and the Ethical Decision-Making Process 11/30/18		
	Attendees: Catherine Birr and Jeanne Holfield		

SUBTOTAL	50.00
SALES TAX	0.00
SHIPPING & HANDLING	0.00
TOTAL DUE 21 DAYS FROM INVOICE DATE	50.00

Program: Project Harmony

Account # 6245

Description: Dues + Registrations

Approved by: ~~Diane~~ t. Winter

Thank you for your participation!