

2/07/2020 8:18 AM  
 VENDOR SET: 01 City of Marshall  
 PACKET: 07224 2/07/20 PR 1w - 1  
 FUND : 101 GENERAL FUND  
 DEPARTMENT: N/A NON-DEPARTMENTAL

DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER

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 ITEMS PRINTED: PAID, UNPAID

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-0966	DELTA DENTAL OF MINNESO	I-202002074332	101-21249	01/24/20 housing	001085	430.60
01-0966	DELTA DENTAL OF MINNESO	I-202002074332	101-21249	01/24/20 RETIREES	001085	486.92
01-0966	DELTA DENTAL OF MINNESO	I-202002074332	101-21249	01/24/20 RETIREES JAN CR	001085	292.24CR
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-21243	DENTAL FAMILY	001085	417.19
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-21243	DENTAL FAMILY	001085	234.68
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-21243	DENTAL FAMILY	001085	657.10
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	101-21243	DENTAL SINGLE	001085	129.08
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	101-21249	DENTAL HOUSING	001085	430.60
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	101-21249	DENTAL RETIREES	001085	697.12
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	101-21243	DENTAL FAMILY	001085	1,307.64
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084229	101-21243	DENTAL SINGLE	001085	41.30
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084230	101-21243	DENTAL SINGLE	001085	23.24
01-0966	DELTA DENTAL OF MINNESO	I-22S202001224298	101-21243	DENTAL SINGLE	001085	64.54
01-1358	INTERNAL REVENUE SERVIC	I-T1 202002054320	101-21221	FEDERAL W/H	001087	16,680.33
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-21222	SOCIAL SECURITY W/H	001087	8,004.32
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-21223	MEDICARE W/H	001087	2,832.45
01-1818	MN REVENUE	I-T2 202002054320	101-21224	STATE W/H	001089	7,794.76
01-2028	PERA OF MINNESOTA REG	I-11 202002054320	101-21226	PERA COUNCIL	001092	170.45
01-2028	PERA OF MINNESOTA REG	I-12 202002054320	101-21225	PERA POLICE AND FIRE	001092	8,320.61
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-21225	PERA COORDINATED	001092	8,738.36
01-2512	NATIONWIDE RETIREMENT	I-33 202002054320	101-21251	USCM	001090	200.00
01-2513	NATIONWIDE RETIREMENT-F	I-34 202002054320	101-21252	USCM FIRE DEPT	001091	29.04
01-3443	VALIC DEFERRED COMP	I-35 202002054320	101-21257	VALIC DEFERRED COMP	001093	867.00
01-3443	VALIC DEFERRED COMP	I-35F202002054320	101-21257	VALIC - FIRE DEPARTMENT	001093	43.03
01-3443	VALIC DEFERRED COMP	I-35R202002054320	101-21255	VALIC ROTH	001093	604.91
01-3669	MINNESOTA STATE RETIREM	I-27A202002054320	101-21246	HEALTH CARE SAVINGS PLAN	001088	604.40
01-3669	MINNESOTA STATE RETIREM	I-27L202002054320	101-21246	HEALTH CARE SAVINGS PLAN	001088	1,275.00
01-3669	MINNESOTA STATE RETIREM	I-27N202002054320	101-21246	HEALTH CARE SAVINGS PLAN	001088	1,819.02
01-3669	MINNESOTA STATE RETIREM	I-27S202002054320	101-21246	HEALTH CARE SAVINGS PLAN	001088	200.00
01-3669	MINNESOTA STATE RETIREM	I-36 202002054320	101-21258	MNDP - DEFERRED COMP	001088	770.00

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VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-3669	MINNESOTA STATE RETIREM	I-36R202002054320	101-21259	MNDP - ROTH	001088	330.00
01-4805	FURTHER	I-202002064321	101-21249	Housing VEBA	001086	375.00
01-4805	FURTHER	I-202002064321	101-21249	Housing HSA	001086	145.84
01-4805	FURTHER	I-HEC202002054320	101-21231	EMPLOYEE HSA CONTRIBUTION	001086	7,203.76
01-6085	VOYA - INVESTORS CHOICE	I-37D202002054320	101-21275	VOYA DEFERRED	001094	150.00
01-6085	VOYA - INVESTORS CHOICE	I-37R202002054320	101-21274	VOYA ROTH PLAN	001094	445.00
DEPARTMENT 0000 NON-DEPARTMENTAL					TOTAL:	72,231.05
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-40141-1122	SOCIAL SECURITY W/H	001087	82.90
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-40141-1125	MEDICARE W/H	001087	56.94
01-2028	PERA OF MINNESOTA REG	I-11 202002054320	101-40141-1121	PERA COUNCIL	001092	170.45
DEPARTMENT 0141 MAYOR & COUNCIL					TOTAL:	310.29
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-50151-1132	DENTAL FAMILY	001085	580.67
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-50151-1132	DENTAL FAMILY	001085	326.64
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-50151-1132	DENTAL FAMILY	001085	907.30
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	101-50151-1132	DENTAL SINGLE	001085	184.50
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	101-50151-1132	DENTAL FAMILY	001085	1,845.36
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084229	101-50151-1132	DENTAL SINGLE	001085	59.04
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084230	101-50151-1132	DENTAL SINGLE	001085	33.21
01-0966	DELTA DENTAL OF MINNESO	I-22S202001224298	101-50151-1132	DENTAL SINGLE	001085	92.25
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-50151-1122	SOCIAL SECURITY W/H	001087	366.39
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-50151-1125	MEDICARE W/H	001087	981.02
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-50151-1125	MEDICARE W/H	001087	27.58
01-2028	PERA OF MINNESOTA REG	I-12 202002054320	101-50151-1121	PERA POLICE AND FIRE	001092	12,127.78
01-2028	PERA OF MINNESOTA REG	I-12 202002054320	101-50151-1121	PERA POLICE AND FIRE	001092	353.12
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-50151-1121	PERA COORDINATED	001092	474.31
01-4805	FURTHER	I-5FH202002054320	101-50151-1135	EMPLOYER CONTRIB FAM HSA 5000	001086	1,250.10
01-4805	FURTHER	I-5FV202002054320	101-50151-1135	EMPLOYER CONT FAM VEBA 5000	001086	187.50
01-4805	FURTHER	I-5SH202002054320	101-50151-1135	EMPLOYER CONTRIB SNGL HSA 500	001086	312.50

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VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-4805	FURTHER	I-5SV202002054320	101-50151-1135	EMPLOYER CONT SINGL VEBA 5000	001086	135.42
DEPARTMENT 0151 POLICE ADMINISTRATION TOTAL:						20,244.69
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-50156-1122	SOCIAL SECURITY W/H	001087	93.03
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-50156-1125	MEDICARE W/H	001087	21.76
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-50156-1121	PERA COORDINATED	001092	58.97
DEPARTMENT 0156 CHEMICAL ASSESSMENT TE TOTAL:						173.76
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-60162-1132	DENTAL FAMILY	001085	161.93
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-60162-1132	DENTAL FAMILY	001085	4.07
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-60162-1132	DENTAL FAMILY	001085	5.31
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-60162-1132	DENTAL FAMILY	001085	91.09
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-60162-1132	DENTAL FAMILY	001085	2.30
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-60162-1132	DENTAL FAMILY	001085	3.00
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-60162-1132	DENTAL FAMILY	001085	211.19
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-60162-1132	DENTAL FAMILY	001085	57.53
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	101-60162-1132	DENTAL SINGLE	001085	36.90
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	101-60162-1132	DENTAL FAMILY	001085	615.12
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084229	101-60162-1132	DENTAL SINGLE	001085	11.80
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084230	101-60162-1132	DENTAL SINGLE	001085	6.65
01-0966	DELTA DENTAL OF MINNESO	I-22S202001224298	101-60162-1132	DENTAL SINGLE	001085	11.81
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-60162-1122	SOCIAL SECURITY W/H	001087	868.68
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-60162-1122	SOCIAL SECURITY W/H	001087	18.01
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-60162-1122	SOCIAL SECURITY W/H	001087	2.66
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-60162-1122	SOCIAL SECURITY W/H	001087	219.63
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-60162-1125	MEDICARE W/H	001087	203.15
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-60162-1125	MEDICARE W/H	001087	4.21
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-60162-1125	MEDICARE W/H	001087	0.62
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-60162-1125	MEDICARE W/H	001087	51.37
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-60162-1121	PERA COORDINATED	001092	1,165.85
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-60162-1121	PERA COORDINATED	001092	27.79
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-60162-1121	PERA COORDINATED	001092	3.56
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-60162-1121	PERA COORDINATED	001092	280.99
01-4805	FURTHER	I-5FH202002054320	101-60162-1135	EMPLOYER CONTRIB FAM HSA 5000	001086	258.61
01-4805	FURTHER	I-5FV202002054320	101-60162-1135	EMPLOYER CONT FAM VEBA 5000	001086	187.50
01-4805	FURTHER	I-5SH202002054320	101-60162-1135	EMPLOYER CONTRIB SNGL HSA 500	001086	79.57

2/07/2020 8:18 AM  
 VENDOR SET: 01 City of Marshall  
 PACKET: 07224 2/07/20 PR 1w - 1  
 FUND : 101 GENERAL FUND  
 DEPARTMENT: 0162 ENGINEERING

DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER

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BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-4805	FURTHER	I-5SV202002054320	101-60162-1135	EMPLOYER CONT SINGL VEBA 5000	001086	62.50
DEPARTMENT 0162 ENGINEERING						TOTAL: 4,653.40
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-60164-1132	DENTAL FAMILY	001085	142.23
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-60164-1132	DENTAL FAMILY	001085	80.01
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-60164-1132	DENTAL FAMILY	001085	213.86
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	101-60164-1132	DENTAL FAMILY	001085	410.08
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-60164-1122	SOCIAL SECURITY W/H	001087	666.67
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-60164-1125	MEDICARE W/H	001087	155.93
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-60164-1121	PERA COORDINATED	001092	943.63
01-4805	FURTHER	I-5FH202002054320	101-60164-1135	EMPLOYER CONTRIB FAM HSA 5000	001086	233.11
01-4805	FURTHER	I-5FV202002054320	101-60164-1135	EMPLOYER CONT FAM VEBA 5000	001086	187.50
01-4805	FURTHER	I-5SH202002054320	101-60164-1135	EMPLOYER CONTRIB SNGL HSA 500	001086	40.38
DEPARTMENT 0164 COMMUNITY PLANNING						TOTAL: 3,073.40
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-60211-1132	DENTAL FAMILY	001085	53.34
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-60211-1132	DENTAL FAMILY	001085	121.90
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-60211-1132	DENTAL FAMILY	001085	21.17
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-60211-1132	DENTAL FAMILY	001085	24.28
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-60211-1132	DENTAL FAMILY	001085	4.85
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-60211-1132	DENTAL FAMILY	001085	30.01
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-60211-1132	DENTAL FAMILY	001085	68.58
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-60211-1132	DENTAL FAMILY	001085	11.92
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-60211-1132	DENTAL FAMILY	001085	13.67
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-60211-1132	DENTAL FAMILY	001085	2.74
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-60211-1132	DENTAL FAMILY	001085	40.32
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-60211-1132	DENTAL FAMILY	001085	2.62
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-60211-1132	DENTAL FAMILY	001085	252.53
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-60211-1132	DENTAL FAMILY	001085	56.10
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-60211-1132	DENTAL FAMILY	001085	19.62
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-60211-1132	DENTAL FAMILY	001085	3.19
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	101-60211-1132	DENTAL SINGLE	001085	73.80
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	101-60211-1132	DENTAL FAMILY	001085	615.12
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084229	101-60211-1132	DENTAL SINGLE	001085	3.91
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084229	101-60211-1132	DENTAL SINGLE	001085	15.02
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084229	101-60211-1132	DENTAL SINGLE	001085	1.45
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084229	101-60211-1132	DENTAL SINGLE	001085	2.04

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VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084229	101-60211-1132	DENTAL SINGLE	001085	1.17
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084230	101-60211-1132	DENTAL SINGLE	001085	2.21
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084230	101-60211-1132	DENTAL SINGLE	001085	8.45
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084230	101-60211-1132	DENTAL SINGLE	001085	0.83
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084230	101-60211-1132	DENTAL SINGLE	001085	1.16
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084230	101-60211-1132	DENTAL SINGLE	001085	0.66
01-0966	DELTA DENTAL OF MINNESO	I-22S202001224298	101-60211-1132	DENTAL SINGLE	001085	12.62CR
01-0966	DELTA DENTAL OF MINNESO	I-22S202001224298	101-60211-1132	DENTAL SINGLE	001085	53.82
01-0966	DELTA DENTAL OF MINNESO	I-22S202001224298	101-60211-1132	DENTAL SINGLE	001085	3.20
01-0966	DELTA DENTAL OF MINNESO	I-22S202001224298	101-60211-1132	DENTAL SINGLE	001085	4.68
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-60211-1122	SOCIAL SECURITY W/H	001087	263.31
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-60211-1122	SOCIAL SECURITY W/H	001087	768.15
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-60211-1122	SOCIAL SECURITY W/H	001087	153.10
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-60211-1122	SOCIAL SECURITY W/H	001087	16.12
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-60211-1122	SOCIAL SECURITY W/H	001087	4.71
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-60211-1125	MEDICARE W/H	001087	61.59
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-60211-1125	MEDICARE W/H	001087	179.62
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-60211-1125	MEDICARE W/H	001087	35.81
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-60211-1125	MEDICARE W/H	001087	3.77
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-60211-1125	MEDICARE W/H	001087	1.10
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-60211-1121	PERA COORDINATED	001092	366.30
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-60211-1121	PERA COORDINATED	001092	1,021.10
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-60211-1121	PERA COORDINATED	001092	207.86
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-60211-1121	PERA COORDINATED	001092	21.85
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-60211-1121	PERA COORDINATED	001092	6.62
01-4805	FURTHER	I-5FH202002054320	101-60211-1135	EMPLOYER CONTRIB FAM HSA 5000	001086	419.03
01-4805	FURTHER	I-5FV202002054320	101-60211-1135	EMPLOYER CONT FAM VEBA 5000	001086	83.34
01-4805	FURTHER	I-5SH202002054320	101-60211-1135	EMPLOYER CONTRIB SNGL HSA 500	001086	138.64
01-4805	FURTHER	I-5SV202002054320	101-60211-1135	EMPLOYER CONT SINGL VEBA 5000	001086	104.17
DEPARTMENT 0211 STREET ADMINISTRATION TOTAL:						5,357.93
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-70276-1132	DENTAL FAMILY	001085	32.80
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-70276-1132	DENTAL FAMILY	001085	18.46
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-70276-1132	DENTAL FAMILY	001085	51.26
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	101-70276-1132	DENTAL SINGLE	001085	36.90
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	101-70276-1132	DENTAL FAMILY	001085	205.04
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084229	101-70276-1132	DENTAL SINGLE	001085	11.80
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084230	101-70276-1132	DENTAL SINGLE	001085	6.65
01-0966	DELTA DENTAL OF MINNESO	I-22S202001224298	101-70276-1132	DENTAL SINGLE	001085	12.91

VENDOR SET: 01 City of Marshall

ITEMS PRINTED: PAID, UNPAID

PACKET: 07224 2/07/20 PR 1w - 1

FUND : 101 GENERAL FUND

DEPARTMENT: 0276 PARK MAINTENANCE & DEVEL.

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-70276-1122	SOCIAL SECURITY W/H	001087	484.24
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-70276-1125	MEDICARE W/H	001087	113.25
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-70276-1121	PERA COORDINATED	001092	622.84
01-4805	FURTHER	I-5FH202002054320	101-70276-1135	EMPLOYER CONTRIB FAM HSA 5000	001086	83.34
01-4805	FURTHER	I-5SH202002054320	101-70276-1135	EMPLOYER CONTRIB SNGL HSA 500	001086	53.91

DEPARTMENT 0276 PARK MAINTENANCE & DEV TOTAL: 1,733.40

01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-60364-1132	DENTAL FAMILY	001085	14.57
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-60364-1132	DENTAL FAMILY	001085	50.93
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-60364-1132	DENTAL FAMILY	001085	13.23
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-60364-1132	DENTAL FAMILY	001085	1.68
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-60364-1132	DENTAL FAMILY	001085	5.04
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-60364-1132	DENTAL FAMILY	001085	0.25
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-60364-1132	DENTAL FAMILY	001085	8.21
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-60364-1132	DENTAL FAMILY	001085	28.66
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-60364-1132	DENTAL FAMILY	001085	7.45
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-60364-1132	DENTAL FAMILY	001085	0.96
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-60364-1132	DENTAL FAMILY	001085	2.85
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-60364-1132	DENTAL FAMILY	001085	0.15
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-60364-1132	DENTAL FAMILY	001085	7.39
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-60364-1132	DENTAL FAMILY	001085	80.65
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-60364-1132	DENTAL FAMILY	001085	42.31
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-60364-1132	DENTAL FAMILY	001085	8.99
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-60364-1132	DENTAL FAMILY	001085	0.98

01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	101-60364-1132	DENTAL FAMILY	001085	307.56
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01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-60364-1122	SOCIAL SECURITY W/H	001087	107.36
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-60364-1122	SOCIAL SECURITY W/H	001087	71.02
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-60364-1122	SOCIAL SECURITY W/H	001087	103.30
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-60364-1122	SOCIAL SECURITY W/H	001087	5.02
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-60364-1122	SOCIAL SECURITY W/H	001087	46.87
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-60364-1125	MEDICARE W/H	001087	25.09
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-60364-1125	MEDICARE W/H	001087	16.62
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-60364-1125	MEDICARE W/H	001087	24.16
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-60364-1125	MEDICARE W/H	001087	1.17
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-60364-1125	MEDICARE W/H	001087	10.97

01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-60364-1121	PERA COORDINATED	001092	153.64
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-60364-1121	PERA COORDINATED	001092	99.73
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-60364-1121	PERA COORDINATED	001092	145.35
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-60364-1121	PERA COORDINATED	001092	6.94

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-60364-1121	PERA COORDINATED	001092	66.04
01-4805	FURTHER	I-5FH202002054320	101-60364-1135	EMPLOYER CONTRIB FAM HSA 5000	001086	187.74
DEPARTMENT 0364 AIRPORT					TOTAL:	1,652.88
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-50453-1132	DENTAL FAMILY	001085	9.83
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-50453-1132	DENTAL FAMILY	001085	5.54
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-50453-1132	DENTAL FAMILY	001085	15.38
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-50453-1122	SOCIAL SECURITY W/H	001087	43.54
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-50453-1125	MEDICARE W/H	001087	10.19
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-50453-1121	PERA COORDINATED	001092	55.81
01-4805	FURTHER	I-5SV202002054320	101-50453-1135	EMPLOYER CONT SINGL VEBA 5000	001086	31.25
DEPARTMENT 0453 ANIMAL IMPOUNDMENT					TOTAL:	171.54
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-40671-1132	DENTAL FAMILY	001085	26.24
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-40671-1132	DENTAL FAMILY	001085	14.76
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-40671-1132	DENTAL FAMILY	001085	41.01
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	101-40671-1132	DENTAL SINGLE	001085	36.90
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	101-40671-1132	DENTAL FAMILY	001085	102.52
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084229	101-40671-1132	DENTAL SINGLE	001085	11.80
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084230	101-40671-1132	DENTAL SINGLE	001085	6.65
01-0966	DELTA DENTAL OF MINNESO	I-22S202001224298	101-40671-1132	DENTAL SINGLE	001085	18.45
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-40671-1122	SOCIAL SECURITY W/H	001087	329.37
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-40671-1125	MEDICARE W/H	001087	77.04
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-40671-1121	PERA COORDINATED	001092	298.84
01-4805	FURTHER	I-5FH202002054320	101-40671-1135	EMPLOYER CONTRIB FAM HSA 5000	001086	66.68
01-4805	FURTHER	I-5SH202002054320	101-40671-1135	EMPLOYER CONTRIB SNGL HSA 500	001086	62.50
DEPARTMENT 0671 CABLE COMMISSION					TOTAL:	1,092.76
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-70675-1132	DENTAL FAMILY	001085	65.61
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-70675-1132	DENTAL FAMILY	001085	36.91
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-70675-1132	DENTAL FAMILY	001085	102.52

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VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	101-70675-1132	DENTAL SINGLE	001085	36.90
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	101-70675-1132	DENTAL FAMILY	001085	102.52
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084229	101-70675-1132	DENTAL SINGLE	001085	11.80
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084230	101-70675-1132	DENTAL SINGLE	001085	6.65
01-0966	DELTA DENTAL OF MINNESO	I-22S202001224298	101-70675-1132	DENTAL SINGLE	001085	18.45
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-70675-1122	SOCIAL SECURITY W/H	001087	528.93
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-70675-1125	MEDICARE W/H	001087	123.70
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-70675-1121	PERA COORDINATED	001092	684.67
01-4805	FURTHER	I-5FH202002054320	101-70675-1135	EMPLOYER CONTRIB FAM HSA 5000	001086	83.34
01-4805	FURTHER	I-5SH202002054320	101-70675-1135	EMPLOYER CONTRIB SNGL HSA 500	001086	62.50
01-4805	FURTHER	I-5SV202002054320	101-70675-1135	EMPLOYER CONT SINGL VEBA 5000	001086	62.50
DEPARTMENT 0675 COMM SERVICES ADMIN						TOTAL: 1,927.00
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-40741-1132	DENTAL FAMILY	001085	65.61
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-40741-1132	DENTAL FAMILY	001085	36.91
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-40741-1132	DENTAL FAMILY	001085	102.52
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	101-40741-1132	DENTAL FAMILY	001085	205.04
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-40741-1122	SOCIAL SECURITY W/H	001087	749.02
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-40741-1125	MEDICARE W/H	001087	175.18
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-40741-1121	PERA COORDINATED	001092	985.08
01-4805	FURTHER	I-5FH202002054320	101-40741-1135	EMPLOYER CONTRIB FAM HSA 5000	001086	250.02
01-4805	FURTHER	I-5SV202002054320	101-40741-1135	EMPLOYER CONT SINGL VEBA 5000	001086	62.50
DEPARTMENT 0741 CITY ADMINISTRATION						TOTAL: 2,631.88
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-70772-1122	SOCIAL SECURITY W/H	001087	27.51
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-70772-1125	MEDICARE W/H	001087	6.44
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-70772-1121	PERA COORDINATED	001092	3.68
DEPARTMENT 0772 CS YOUTH ACTIVITIES						TOTAL: 37.63



BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-40821-1132	DENTAL FAMILY	001085	98.41
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-40821-1132	DENTAL FAMILY	001085	55.37
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-40821-1132	DENTAL FAMILY	001085	153.78
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	101-40821-1132	DENTAL FAMILY	001085	307.56
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-40821-1122	SOCIAL SECURITY W/H	001087	515.47
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-40821-1125	MEDICARE W/H	001087	120.55
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-40821-1121	PERA COORDINATED	001092	711.54
01-4805	FURTHER	I-5FH202002054320	101-40821-1135	EMPLOYER CONTRIB FAM HSA 5000	001086	166.68
01-4805	FURTHER	I-5FV202002054320	101-40821-1135	EMPLOYER CONT FAM VEBA 5000	001086	83.34
DEPARTMENT 0821 FINANCE					TOTAL:	2,212.70
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-70871-1132	DENTAL FAMILY	001085	32.80
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-70871-1132	DENTAL FAMILY	001085	18.46
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-70871-1132	DENTAL FAMILY	001085	51.26
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	101-70871-1132	DENTAL FAMILY	001085	102.52
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-70871-1122	SOCIAL SECURITY W/H	001087	120.89
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-70871-1122	SOCIAL SECURITY W/H	001087	74.41
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-70871-1122	SOCIAL SECURITY W/H	001087	26.51
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-70871-1125	MEDICARE W/H	001087	28.27
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-70871-1125	MEDICARE W/H	001087	17.40
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-70871-1125	MEDICARE W/H	001087	6.20
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-70871-1121	PERA COORDINATED	001092	148.68
DEPARTMENT 0871 COMMUNITY EDUCATION					TOTAL:	627.40
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-40931-1132	DENTAL FAMILY	001085	32.80
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-40931-1132	DENTAL FAMILY	001085	18.46
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-40931-1132	DENTAL FAMILY	001085	51.26
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	101-40931-1132	DENTAL SINGLE	001085	73.80
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	101-40931-1132	DENTAL FAMILY	001085	102.52
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084229	101-40931-1132	DENTAL SINGLE	001085	23.32
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084229	101-40931-1132	DENTAL SINGLE	001085	0.29
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084230	101-40931-1132	DENTAL SINGLE	001085	13.12
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084230	101-40931-1132	DENTAL SINGLE	001085	0.17
01-0966	DELTA DENTAL OF MINNESO	I-22S202001224298	101-40931-1132	DENTAL SINGLE	001085	36.44

VENDOR SET: 01 City of Marshall

ITEMS PRINTED: PAID, UNPAID

PACKET: 07224 2/07/20 PR 1w - 1

FUND : 101 GENERAL FUND

DEPARTMENT: 0931 APPRAISING & ASSESSING

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-0966	DELTA DENTAL OF MINNESO	I-22S202001224298	101-40931-1132	DENTAL SINGLE	001085	0.46
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-40931-1122	SOCIAL SECURITY W/H	001087	437.15
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-40931-1122	SOCIAL SECURITY W/H	001087	2.97
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-40931-1125	MEDICARE W/H	001087	102.24
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-40931-1125	MEDICARE W/H	001087	0.69
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-40931-1121	PERA COORDINATED	001092	630.10
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-40931-1121	PERA COORDINATED	001092	4.52
01-4805	FURTHER	I-5FH202002054320	101-40931-1135	EMPLOYER CONTRIB FAM HSA 5000	001086	250.02

DEPARTMENT 0931 APPRAISING & ASSESSING TOTAL: 1,780.33

01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-70971-1132	DENTAL FAMILY	001085	32.80
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-70971-1132	DENTAL FAMILY	001085	18.46
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-70971-1132	DENTAL FAMILY	001085	51.26
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	101-70971-1132	DENTAL FAMILY	001085	102.52
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-70971-1122	SOCIAL SECURITY W/H	001087	129.44
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-70971-1122	SOCIAL SECURITY W/H	001087	12.84
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-70971-1122	SOCIAL SECURITY W/H	001087	8.18
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-70971-1122	SOCIAL SECURITY W/H	001087	20.24
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-70971-1122	SOCIAL SECURITY W/H	001087	16.20
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-70971-1122	SOCIAL SECURITY W/H	001087	32.80
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-70971-1122	SOCIAL SECURITY W/H	001087	19.59
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-70971-1122	SOCIAL SECURITY W/H	001087	4.84
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-70971-1122	SOCIAL SECURITY W/H	001087	14.38
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-70971-1125	MEDICARE W/H	001087	30.27
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-70971-1125	MEDICARE W/H	001087	3.01
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-70971-1125	MEDICARE W/H	001087	1.91
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-70971-1125	MEDICARE W/H	001087	4.73
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-70971-1125	MEDICARE W/H	001087	3.78
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-70971-1125	MEDICARE W/H	001087	7.67
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-70971-1125	MEDICARE W/H	001087	4.59
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-70971-1125	MEDICARE W/H	001087	1.13
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-70971-1125	MEDICARE W/H	001087	3.36
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-70971-1121	PERA COORDINATED	001092	185.88
01-4805	FURTHER	I-5FH202002054320	101-70971-1135	EMPLOYER CONTRIB FAM HSA 5000	001086	83.34

DEPARTMENT 0971 RECREATION TOTAL: 793.22

VENDOR SET: 01 City of Marshall  
PACKET: 07224 2/07/20 PR 1w - 1  
FUND : 101 GENERAL FUND  
DEPARTMENT: 1231 MUNICIPAL BLDG MAINT

ITEMS PRINTED: PAID, UNPAID

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-41231-1132	DENTAL FAMILY	001085	5.17
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-41231-1132	DENTAL FAMILY	001085	0.17
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-41231-1132	DENTAL FAMILY	001085	0.54
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-41231-1132	DENTAL FAMILY	001085	22.65
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-41231-1132	DENTAL FAMILY	001085	1.53
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-41231-1132	DENTAL FAMILY	001085	1.08
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-41231-1132	DENTAL FAMILY	001085	1.63
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-41231-1132	DENTAL FAMILY	001085	2.91
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-41231-1132	DENTAL FAMILY	001085	0.11
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-41231-1132	DENTAL FAMILY	001085	0.31
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-41231-1132	DENTAL FAMILY	001085	12.75
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-41231-1132	DENTAL FAMILY	001085	0.87
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-41231-1132	DENTAL FAMILY	001085	0.62
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-41231-1132	DENTAL FAMILY	001085	0.92
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-41231-1132	DENTAL FAMILY	001085	0.13
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-41231-1132	DENTAL FAMILY	001085	0.27
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-41231-1132	DENTAL FAMILY	001085	1.33
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-41231-1132	DENTAL FAMILY	001085	42.89
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-41231-1132	DENTAL FAMILY	001085	2.66
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-41231-1132	DENTAL FAMILY	001085	0.66
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-41231-1132	DENTAL FAMILY	001085	3.32
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	101-41231-1132	DENTAL SINGLE	001085	36.90
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	101-41231-1132	DENTAL FAMILY	001085	102.52
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084229	101-41231-1132	DENTAL SINGLE	001085	1.13
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084229	101-41231-1132	DENTAL SINGLE	001085	0.25
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084229	101-41231-1132	DENTAL SINGLE	001085	8.12
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084229	101-41231-1132	DENTAL SINGLE	001085	0.14
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084229	101-41231-1132	DENTAL SINGLE	001085	2.14
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084230	101-41231-1132	DENTAL SINGLE	001085	0.65
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084230	101-41231-1132	DENTAL SINGLE	001085	0.15
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084230	101-41231-1132	DENTAL SINGLE	001085	4.57
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084230	101-41231-1132	DENTAL SINGLE	001085	0.09
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084230	101-41231-1132	DENTAL SINGLE	001085	1.21
01-0966	DELTA DENTAL OF MINNESO	I-22S202001224298	101-41231-1132	DENTAL SINGLE	001085	2.48
01-0966	DELTA DENTAL OF MINNESO	I-22S202001224298	101-41231-1132	DENTAL SINGLE	001085	1.66
01-0966	DELTA DENTAL OF MINNESO	I-22S202001224298	101-41231-1132	DENTAL SINGLE	001085	0.89
01-0966	DELTA DENTAL OF MINNESO	I-22S202001224298	101-41231-1132	DENTAL SINGLE	001085	0.11
01-0966	DELTA DENTAL OF MINNESO	I-22S202001224298	101-41231-1132	DENTAL SINGLE	001085	13.31
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-41231-1122	SOCIAL SECURITY W/H	001087	50.69
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-41231-1122	SOCIAL SECURITY W/H	001087	29.32
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-41231-1122	SOCIAL SECURITY W/H	001087	24.75
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-41231-1122	SOCIAL SECURITY W/H	001087	83.54
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-41231-1122	SOCIAL SECURITY W/H	001087	37.05
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-41231-1122	SOCIAL SECURITY W/H	001087	6.91
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-41231-1122	SOCIAL SECURITY W/H	001087	1.05
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-41231-1122	SOCIAL SECURITY W/H	001087	78.38
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-41231-1122	SOCIAL SECURITY W/H	001087	4.36

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT	
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-41231-1122	SOCIAL SECURITY W/H	001087	9.38	
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-41231-1125	MEDICARE W/H	001087	11.84	
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-41231-1125	MEDICARE W/H	001087	6.86	
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-41231-1125	MEDICARE W/H	001087	5.79	
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-41231-1125	MEDICARE W/H	001087	19.54	
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-41231-1125	MEDICARE W/H	001087	8.66	
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-41231-1125	MEDICARE W/H	001087	1.62	
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-41231-1125	MEDICARE W/H	001087	0.25	
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-41231-1125	MEDICARE W/H	001087	18.33	
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-41231-1125	MEDICARE W/H	001087	1.02	
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-41231-1125	MEDICARE W/H	001087	2.20	
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-41231-1121	PERA COORDINATED	001092	72.50	
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-41231-1121	PERA COORDINATED	001092	37.42	
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-41231-1121	PERA COORDINATED	001092	30.46	
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-41231-1121	PERA COORDINATED	001092	121.76	
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-41231-1121	PERA COORDINATED	001092	8.13	
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-41231-1121	PERA COORDINATED	001092	1.40	
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-41231-1121	PERA COORDINATED	001092	104.16	
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-41231-1121	PERA COORDINATED	001092	6.39	
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-41231-1121	PERA COORDINATED	001092	13.59	
01-4805	FURTHER	I-5FH202002054320	101-41231-1135	EMPLOYER CONTRIB FAM HSA 5000	001086	83.34	
01-4805	FURTHER	I-5SH202002054320	101-41231-1135	EMPLOYER CONTRIB SNGL HSA 500	001086	62.50	
DEPARTMENT 1231 MUNICIPAL BLDG MAINT						TOTAL:	1,222.03
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	101-42071-1132	DENTAL FAMILY	001085	32.80	
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	101-42071-1132	DENTAL FAMILY	001085	18.46	
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	101-42071-1132	DENTAL FAMILY	001085	51.26	
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	101-42071-1132	DENTAL FAMILY	001085	102.52	
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	101-42071-1122	SOCIAL SECURITY W/H	001087	223.44	
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	101-42071-1125	MEDICARE W/H	001087	52.26	
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	101-42071-1121	PERA COORDINATED	001092	304.71	
01-4805	FURTHER	I-5FH202002054320	101-42071-1135	EMPLOYER CONTRIB FAM HSA 5000	001086	83.34	
DEPARTMENT 2071 ADULT COMMUNITY CTR						TOTAL:	868.79
FUND 101 GENERAL FUND						TOTAL:	122,796.08

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	211-21243	DENTAL FAMILY	001085	16.40
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	211-21243	DENTAL FAMILY	001085	9.24
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	211-21243	DENTAL FAMILY	001085	25.64
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	211-21243	DENTAL SINGLE	001085	36.88
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	211-21243	DENTAL FAMILY	001085	51.28
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084229	211-21243	DENTAL SINGLE	001085	11.80
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084230	211-21243	DENTAL SINGLE	001085	6.64
01-0966	DELTA DENTAL OF MINNESO	I-22S202001224298	211-21243	DENTAL SINGLE	001085	18.44
01-1358	INTERNAL REVENUE SERVIC	I-T1 202002054320	211-21221	FEDERAL W/H	001087	1,996.62
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	211-21222	SOCIAL SECURITY W/H	001087	1,401.54
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	211-21223	MEDICARE W/H	001087	327.78
01-1818	MN REVENUE	I-T2 202002054320	211-21224	STATE W/H	001089	851.84
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	211-21225	PERA COORDINATED	001092	1,479.05
01-3669	MINNESOTA STATE RETIREM	I-27B202002054320	211-21246	HEALTH CARE SAVINGS PLAN	001088	170.00
01-3669	MINNESOTA STATE RETIREM	I-36 202002054320	211-21258	MNDP - DEFERRED COMP	001088	200.00
01-4805	FURTHER	I-HEC202002054320	211-21231	EMPLOYEE HSA CONTRIBUTION	001086	285.00
DEPARTMENT 0000 NON-DEPARTMENTAL					TOTAL:	6,888.15
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	211-70437-1132	DENTAL FAMILY	001085	65.61
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	211-70437-1132	DENTAL FAMILY	001085	36.91
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	211-70437-1132	DENTAL FAMILY	001085	102.52
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	211-70437-1132	DENTAL SINGLE	001085	147.60
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	211-70437-1132	DENTAL FAMILY	001085	205.04
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084229	211-70437-1132	DENTAL SINGLE	001085	47.23
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084230	211-70437-1132	DENTAL SINGLE	001085	26.57
01-0966	DELTA DENTAL OF MINNESO	I-22S202001224298	211-70437-1132	DENTAL SINGLE	001085	73.80
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	211-70437-1122	SOCIAL SECURITY W/H	001087	1,401.54
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	211-70437-1125	MEDICARE W/H	001087	327.78
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	211-70437-1121	PERA COORDINATED	001092	1,706.59
01-4805	FURTHER	I-5FH202002054320	211-70437-1135	EMPLOYER CONTRIB FAM HSA 5000	001086	83.34
01-4805	FURTHER	I-5SH202002054320	211-70437-1135	EMPLOYER CONTRIB SNGL HSA 500	001086	250.00
DEPARTMENT 0437 LIBRARY					TOTAL:	4,474.53
FUND 211 LIBRARY FUND					TOTAL:	11,362.68

2/07/2020 8:18 AM  
 VENDOR SET: 01 City of Marshall  
 PACKET: 07224 2/07/20 PR 1w - 1  
 FUND : 258 ARENA & EXPO  
 DEPARTMENT: N/A NON-DEPARTMENTAL

DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER

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 ITEMS PRINTED: PAID, UNPAID

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT	
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	258-21243	DENTAL FAMILY	001085	34.45	
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	258-21243	DENTAL FAMILY	001085	19.39	
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	258-21243	DENTAL FAMILY	001085	53.84	
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	258-21243	DENTAL FAMILY	001085	102.56	
01-1358	INTERNAL REVENUE SERVIC	I-T1 202002054320	258-21221	FEDERAL W/H	001087	517.19	
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	258-21222	SOCIAL SECURITY W/H	001087	549.31	
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	258-21223	MEDICARE W/H	001087	128.47	
01-1818	MN REVENUE	I-T2 202002054320	258-21224	STATE W/H	001089	261.13	
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	258-21225	PERA COORDINATED	001092	562.18	
01-3669	MINNESOTA STATE RETIREM	I-27N202002054320	258-21246	HEALTH CARE SAVINGS PLAN	001088	30.21	
01-3669	MINNESOTA STATE RETIREM	I-36R202002054320	258-21259	MNDPC - ROTH	001088	25.00	
01-4805	FURTHER	I-HEC202002054320	258-21231	EMPLOYEE HSA CONTRIBUTION	001086	165.00	
DEPARTMENT 0000 NON-DEPARTMENTAL						TOTAL:	2,448.73
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	258-70579-1132	DENTAL FAMILY	001085	137.79	
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	258-70579-1132	DENTAL FAMILY	001085	77.51	
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	258-70579-1132	DENTAL FAMILY	001085	215.29	
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	258-70579-1132	DENTAL FAMILY	001085	410.08	
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	258-70579-1122	SOCIAL SECURITY W/H	001087	549.31	
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	258-70579-1125	MEDICARE W/H	001087	128.47	
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	258-70579-1121	PERA COORDINATED	001092	648.67	
01-4805	FURTHER	I-5FH202002054320	258-70579-1135	EMPLOYER CONTRIB FAM HSA 5000	001086	266.68	
DEPARTMENT 0579 AMATEUR SPORTS CENTER						TOTAL:	2,433.80
FUND 258 ARENA & EXPO						TOTAL:	4,882.53

2/07/2020 8:18 AM  
 VENDOR SET: 01 City of Marshall  
 PACKET: 07224 2/07/20 PR 1w - 1  
 FUND : 270 MERIT  
 DEPARTMENT: N/A NON-DEPARTMENTAL

DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER

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 ITEMS PRINTED: PAID, UNPAID

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT	
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	270-21243	DENTAL FAMILY	001085	8.20	
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	270-21243	DENTAL FAMILY	001085	4.62	
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	270-21243	DENTAL FAMILY	001085	12.82	
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	270-21243	DENTAL FAMILY	001085	25.64	
01-1358	INTERNAL REVENUE SERVIC	I-T1 202002054320	270-21221	FEDERAL W/H	001087	164.42	
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	270-21222	SOCIAL SECURITY W/H	001087	141.62	
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	270-21223	MEDICARE W/H	001087	33.12	
01-1818	MN REVENUE	I-T2 202002054320	270-21224	STATE W/H	001089	80.08	
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	270-21225	PERA COORDINATED	001092	164.27	
01-3669	MINNESOTA STATE RETIREM	I-27N202002054320	270-21246	HEALTH CARE SAVINGS PLAN	001088	25.27	
01-4805	FURTHER	I-HEC202002054320	270-21231	EMPLOYEE HSA CONTRIBUTION	001086	25.00	
01-6085	VOYA - INVESTORS CHOICE	I-37R202002054320	270-21274	VOYA ROTH PLAN	001094	15.00	
DEPARTMENT 0000 NON-DEPARTMENTAL						TOTAL:	700.06
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	270-50551-1132	DENTAL FAMILY	001085	32.80	
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	270-50551-1132	DENTAL FAMILY	001085	18.46	
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	270-50551-1132	DENTAL FAMILY	001085	51.26	
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	270-50551-1132	DENTAL FAMILY	001085	102.52	
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	270-50551-1122	SOCIAL SECURITY W/H	001087	141.62	
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	270-50551-1125	MEDICARE W/H	001087	33.12	
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	270-50551-1121	PERA COORDINATED	001092	189.54	
01-4805	FURTHER	I-5FH202002054320	270-50551-1135	EMPLOYER CONTRIB FAM HSA 5000	001086	83.34	
DEPARTMENT 0551 MERIT OPERATIONS						TOTAL:	652.66
FUND 270 MERIT						TOTAL:	1,352.72

VENDOR SET: 01 City of Marshall

ITEMS PRINTED: PAID, UNPAID

PACKET: 07224 2/07/20 PR 1w - 1

FUND : 602 WASTEWATER OPERATING

DEPARTMENT: N/A NON-DEPARTMENTAL

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	602-21243	DENTAL FAMILY	001085	81.65
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	602-21243	DENTAL FAMILY	001085	45.94
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	602-21243	DENTAL FAMILY	001085	122.36
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	602-21243	DENTAL SINGLE	001085	9.22
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	602-21243	DENTAL FAMILY	001085	282.04
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084229	602-21243	DENTAL SINGLE	001085	5.90
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084230	602-21243	DENTAL SINGLE	001085	3.32
01-0966	DELTA DENTAL OF MINNESO	I-22S202001224298	602-21243	DENTAL SINGLE	001085	9.22
01-1358	INTERNAL REVENUE SERVIC	I-T1 202002054320	602-21221	FEDERAL W/H	001087	2,543.79
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	602-21222	SOCIAL SECURITY W/H	001087	1,747.05
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	602-21223	MEDICARE W/H	001087	408.60
01-1818	MN REVENUE	I-T2 202002054320	602-21224	STATE W/H	001089	1,198.26
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	602-21225	PERA COORDINATED	001092	2,072.54
01-2512	NATIONWIDE RETIREMENT	I-33 202002054320	602-21251	USCM	001090	300.00
01-3443	VALIC DEFERRED COMP	I-35 202002054320	602-21257	VALIC DEFERRED COMP	001093	40.00
01-3443	VALIC DEFERRED COMP	I-35R202002054320	602-21255	VALIC ROTH	001093	645.09
01-3669	MINNESOTA STATE RETIREM	I-27A202002054320	602-21246	HEALTH CARE SAVINGS PLAN	001088	263.29
01-3669	MINNESOTA STATE RETIREM	I-27N202002054320	602-21246	HEALTH CARE SAVINGS PLAN	001088	405.69
01-4805	FURTHER	I-HEC202002054320	602-21231	EMPLOYEE HSA CONTRIBUTION	001086	1,160.96
01-6085	VOYA - INVESTORS CHOICE	I-37R202002054320	602-21274	VOYA ROTH PLAN	001094	385.00
DEPARTMENT 0000 NON-DEPARTMENTAL					TOTAL:	11,729.92
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	602-90581-1132	DENTAL FAMILY	001085	326.50
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	602-90581-1132	DENTAL FAMILY	001085	183.66
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	602-90581-1132	DENTAL FAMILY	001085	489.26
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	602-90581-1132	DENTAL SINGLE	001085	36.90
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	602-90581-1132	DENTAL FAMILY	001085	1,127.72
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084229	602-90581-1132	DENTAL SINGLE	001085	23.61
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084230	602-90581-1132	DENTAL SINGLE	001085	13.29
01-0966	DELTA DENTAL OF MINNESO	I-22S202001224298	602-90581-1132	DENTAL SINGLE	001085	36.90
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	602-90581-1122	SOCIAL SECURITY W/H	001087	1,747.05



BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	602-90581-1125	MEDICARE W/H	001087	408.60
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	602-90581-1121	PERA COORDINATED	001092	2,391.40
01-4805	FURTHER	I-5FH202002054320	602-90581-1135	EMPLOYER CONTRIB FAM HSA 5000	001086	401.63
01-4805	FURTHER	I-5FV202002054320	602-90581-1135	EMPLOYER CONT FAM VEBA 5000	001086	458.34
01-4805	FURTHER	I-5SH202002054320	602-90581-1135	EMPLOYER CONTRIB SNGL HSA 500	001086	187.50
01-4805	FURTHER	I-5SV202002054320	602-90581-1135	EMPLOYER CONT SINGL VEBA 5000	001086	208.34
DEPARTMENT 0581 WW OPERATIONS						TOTAL: 8,040.70
FUND 602 WASTEWATER OPERATING						TOTAL: 19,770.62

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	609-21243	DENTAL FAMILY	001085	8.20
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	609-21243	DENTAL FAMILY	001085	4.62
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	609-21243	DENTAL FAMILY	001085	12.82
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	609-21243	DENTAL SINGLE	001085	27.66
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	609-21243	DENTAL FAMILY	001085	25.64
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084229	609-21243	DENTAL SINGLE	001085	8.85
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084230	609-21243	DENTAL SINGLE	001085	4.98
01-0966	DELTA DENTAL OF MINNESO	I-22S202001224298	609-21243	DENTAL SINGLE	001085	13.83
01-1358	INTERNAL REVENUE SERVIC	I-T1 202002054320	609-21221	FEDERAL W/H	001087	885.76
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	609-21222	SOCIAL SECURITY W/H	001087	786.70
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	609-21223	MEDICARE W/H	001087	184.00
01-1818	MN REVENUE	I-T2 202002054320	609-21224	STATE W/H	001089	421.49
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	609-21225	PERA COORDINATED	001092	843.31
01-3443	VALIC DEFERRED COMP	I-35 202002054320	609-21257	VALIC DEFERRED COMP	001093	125.00
01-3669	MINNESOTA STATE RETIREM	I-27N202002054320	609-21246	HEALTH CARE SAVINGS PLAN	001088	149.21
01-4805	FURTHER	I-HEC202002054320	609-21231	EMPLOYEE HSA CONTRIBUTION	001086	138.56
DEPARTMENT 0000 NON-DEPARTMENTAL						TOTAL: 3,640.63
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084229	609-90991-1132	DENTAL FAMILY	001085	32.80
01-0966	DELTA DENTAL OF MINNESO	I-22F202001084230	609-90991-1132	DENTAL FAMILY	001085	18.46
01-0966	DELTA DENTAL OF MINNESO	I-22F202001224298	609-90991-1132	DENTAL FAMILY	001085	51.26
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	609-90991-1132	DENTAL SINGLE	001085	110.70
01-0966	DELTA DENTAL OF MINNESO	I-22S201912244194	609-90991-1132	DENTAL FAMILY	001085	102.52
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084229	609-90991-1132	DENTAL SINGLE	001085	35.42
01-0966	DELTA DENTAL OF MINNESO	I-22S202001084230	609-90991-1132	DENTAL SINGLE	001085	19.93
01-0966	DELTA DENTAL OF MINNESO	I-22S202001224298	609-90991-1132	DENTAL SINGLE	001085	55.35
01-1358	INTERNAL REVENUE SERVIC	I-T3 202002054320	609-90991-1122	SOCIAL SECURITY W/H	001087	786.70
01-1358	INTERNAL REVENUE SERVIC	I-T4 202002054320	609-90991-1125	MEDICARE W/H	001087	184.00
01-2028	PERA OF MINNESOTA REG	I-13 202002054320	609-90991-1121	PERA COORDINATED	001092	973.02
01-4805	FURTHER	I-5SH202002054320	609-90991-1135	EMPLOYER CONTRIB SNGL HSA 500	001086	187.50
01-4805	FURTHER	I-5SV202002054320	609-90991-1135	EMPLOYER CONT SINGL VEBA 5000	001086	104.17
DEPARTMENT 0991 LIQUOR OPERATIONS						TOTAL: 2,661.83
FUND 609 LIQUOR						TOTAL: 6,302.46
REPORT GRA TOTAL:						166,467.09

## \*\* G/L ACCOUNT TOTALS \*\*

YEAR	ACCOUNT	NAME	AMOUNT	=====LINE ITEM=====			=====GROUP BUDGET=====		
				ANNUAL BUDGET	BUDGET AVAILABLE	OVER BUDG	ANNUAL BUDGET	BUDGET AVAILABLE	OVER BUDG
2020	101-21221	FEDERAL WITHHOLDING	16,680.33						
	101-21222	FICA WITHHOLDING	8,004.32						
	101-21223	MEDICARE	2,832.45						
	101-21224	STATE WITHHOLDING	7,794.76						
	101-21225	PERA WITHHOLDING	17,058.97						
	101-21226	PERA WITHHOLDING COUNCIL	170.45						
	101-21231	HSA / VEBA (ER ONLY)	7,203.76						
	101-21243	DENTAL INSURANCE	2,874.77						
	101-21246	HEALTH CARE SAVINGS PLAN	3,898.42						
	101-21249	COMBINED INSURANCE	2,273.84						
	101-21251	DEFERRED COMP - USCM	200.00						
	101-21252	DEFERRED COMPENSATION FIRE	29.04						
	101-21255	VALIC ROTH (TAXABLE)	604.91						
	101-21257	DEFERRED COMP--VALIC	910.03						
	101-21258	MNDPC--DEFERRED COMP	770.00						
	101-21259	MNDPC-ROTH	330.00						
	101-21274	DEFERRED COMP-VOYA ROTH	445.00						
	101-21275	VOYA - DEFERRED PRE TAX	150.00						
	101-40141-1121	PERA CONTRIBUTIONS	170.45	1,615	1,274.10				
	101-40141-1122	FICA CONTRIBUTIONS	82.90	926	760.20				
	101-40141-1125	MEDICARE CONTRIBUTIONS	56.94	636	522.12				
	101-40671-1121	PERA CONTRIBUTIONS	298.84	3,101	2,221.45				
	101-40671-1122	FICA CONTRIBUTIONS	329.37	3,804	2,917.23				
	101-40671-1125	MEDICARE CONTRIBUTIONS	77.04	890	682.59				
	101-40671-1132	DENTAL INSURANCE	258.33	1,134	875.67				
	101-40671-1135	HSA/VEBA EMPLOYER CONTRIBU	129.18	2,000	1,612.48				
	101-40741-1121	PERA CONTRIBUTIONS	985.08	19,887	16,931.76				
	101-40741-1122	FICA CONTRIBUTIONS	749.02	14,493	12,247.77				
	101-40741-1125	MEDICARE CONTRIBUTIONS	175.18	3,845	3,319.89				
	101-40741-1132	DENTAL INSURANCE	410.08	3,401	2,990.92				
	101-40741-1135	HSA/VEBA EMPLOYER CONTRIBU	312.52	5,500	4,562.44				
	101-40821-1121	PERA CONTRIBUTIONS	711.54	25,846	23,711.38				
	101-40821-1122	FICA CONTRIBUTIONS	515.47	21,366	19,819.73				
	101-40821-1125	MEDICARE CONTRIBUTIONS	120.55	4,997	4,635.38				
	101-40821-1132	DENTAL INSURANCE	615.12	5,669	5,053.88				
	101-40821-1135	HSA/VEBA EMPLOYER CONTRIBU	250.02	10,000	9,249.94				
	101-40931-1121	PERA CONTRIBUTIONS	634.62	15,425	13,521.14				
	101-40931-1122	FICA CONTRIBUTIONS	440.12	12,751	11,430.64				
	101-40931-1125	MEDICARE CONTRIBUTIONS	102.93	2,982	2,673.21				
	101-40931-1132	DENTAL INSURANCE	352.64	2,676	2,323.36				
	101-40931-1135	HSA/VEBA EMPLOYER CONTRIBU	250.02	6,000	5,249.94				
	101-41231-1121	PERA CONTRIBUTIONS	395.81	10,001	8,765.94				
	101-41231-1122	FICA CONTRIBUTIONS	325.43	8,330	7,323.35				
	101-41231-1125	MEDICARE CONTRIBUTIONS	76.11	1,948	1,712.57				

## \*\* G/L ACCOUNT TOTALS \*\*

YEAR	ACCOUNT	NAME	AMOUNT	=====LINE ITEM=====			=====GROUP BUDGET=====		
				ANNUAL BUDGET	BUDGET AVAILABLE	OVER BUDG	ANNUAL BUDGET	BUDGET AVAILABLE	OVER BUDG
	101-41231-1132	DENTAL INSURANCE	278.84	1,542	1,263.16				
	101-41231-1135	HSA/VEBA EMPLOYER CONTRIBU	145.84	3,500	3,062.48				
	101-42071-1121	PERA CONTRIBUTIONS	304.71	6,148	5,291.03				
	101-42071-1122	FICA CONTRIBUTIONS	223.44	5,083	4,455.60				
	101-42071-1125	MEDICARE CONTRIBUTIONS	52.26	1,189	1,042.25				
	101-42071-1132	DENTAL INSURANCE	205.04	1,134	928.96				
	101-42071-1135	HSA/VEBA EMPLOYER CONTRIBU	83.34	2,000	1,749.98				
	101-50151-1121	PERA CONTRIBUTIONS	12,955.21	249,736	211,239.12				
	101-50151-1122	FICA CONTRIBUTIONS	366.39	14,292	13,216.62				
	101-50151-1125	MEDICARE CONTRIBUTIONS	1,008.60	23,564	20,573.41				
	101-50151-1132	DENTAL INSURANCE	4,028.97	23,491	19,462.03				
	101-50151-1135	HSA/VEBA EMPLOYER CONTRIBU	1,885.52	30,150	24,493.45				
	101-50156-1121	PERA CONTRIBUTIONS	58.97	0	152.15-			Y	
	101-50156-1122	FICA CONTRIBUTIONS	93.03	1,353	1,158.37				
	101-50156-1125	MEDICARE CONTRIBUTIONS	21.76	317	271.47				
	101-50453-1121	PERA CONTRIBUTIONS	55.81	228	63.15				
	101-50453-1122	FICA CONTRIBUTIONS	43.54	0	128.50-			Y	
	101-50453-1125	MEDICARE CONTRIBUTIONS	10.19	132	101.93				
	101-50453-1132	DENTAL INSURANCE	30.75	0	30.75-			Y	
	101-50453-1135	HSA/VEBA EMPLOYER CONTRIBU	31.25	0	93.76-			Y	
	101-60162-1121	PERA CONTRIBUTIONS	1,478.19	39,043	34,725.73				
	101-60162-1122	FICA CONTRIBUTIONS	1,108.98	32,920	29,694.01				
	101-60162-1125	MEDICARE CONTRIBUTIONS	259.35	7,699	6,944.54				
	101-60162-1132	DENTAL INSURANCE	1,218.70	7,936	6,717.30				
	101-60162-1135	HSA/VEBA EMPLOYER CONTRIBU	588.18	13,175	11,460.20				
	101-60164-1121	PERA CONTRIBUTIONS	943.63	19,202	16,336.91				
	101-60164-1122	FICA CONTRIBUTIONS	666.67	15,874	13,819.30				
	101-60164-1125	MEDICARE CONTRIBUTIONS	155.93	3,712	3,231.46				
	101-60164-1132	DENTAL INSURANCE	846.18	4,535	3,688.82				
	101-60164-1135	HSA/VEBA EMPLOYER CONTRIBU	460.99	10,425	9,073.76				
	101-60211-1121	PERA CONTRIBUTIONS	1,623.73	31,127	25,661.47				
	101-60211-1122	FICA CONTRIBUTIONS	1,205.39	29,645	25,507.84				
	101-60211-1125	MEDICARE CONTRIBUTIONS	281.89	6,933	5,965.46				
	101-60211-1132	DENTAL INSURANCE	1,501.74	8,798	7,296.26				
	101-60211-1135	HSA/VEBA EMPLOYER CONTRIBU	745.18	16,100	13,845.66				
	101-60364-1121	PERA CONTRIBUTIONS	471.70	8,121	6,450.35				
	101-60364-1122	FICA CONTRIBUTIONS	333.57	7,458	6,271.45				
	101-60364-1125	MEDICARE CONTRIBUTIONS	78.01	1,744	1,466.50				
	101-60364-1132	DENTAL INSURANCE	581.86	2,097	1,515.14				
	101-60364-1135	HSA/VEBA EMPLOYER CONTRIBU	187.74	3,700	3,066.29				
	101-70276-1121	PERA CONTRIBUTIONS	622.84	12,961	11,114.99				
	101-70276-1122	FICA CONTRIBUTIONS	484.24	14,807	13,377.06				
	101-70276-1125	MEDICARE CONTRIBUTIONS	113.25	3,463	3,128.60				
	101-70276-1132	DENTAL INSURANCE	375.82	2,789	2,413.18				
	101-70276-1135	HSA/VEBA EMPLOYER CONTRIBU	137.25	4,200	3,789.82				

## \*\* G/L ACCOUNT TOTALS \*\*

YEAR	ACCOUNT	NAME	AMOUNT	=====LINE ITEM=====			=====GROUP BUDGET=====		
				ANNUAL BUDGET	BUDGET AVAILABLE	OVER BUDG	ANNUAL BUDGET	BUDGET AVAILABLE	OVER BUDG
	101-70675-1121	PERA CONTRIBUTIONS	684.67	15,909	13,843.97				
	101-70675-1122	FICA CONTRIBUTIONS	528.93	13,524	11,928.10				
	101-70675-1125	MEDICARE CONTRIBUTIONS	123.70	3,163	2,789.77				
	101-70675-1132	DENTAL INSURANCE	381.36	3,401	3,019.64				
	101-70675-1135	HSA/VEBA EMPLOYER CONTRIBU	208.34	6,500	5,874.98				
	101-70772-1121	PERA CONTRIBUTIONS	3.68	0	3.68-			Y	
	101-70772-1122	FICA CONTRIBUTIONS	27.51	1,550	1,512.08				
	101-70772-1125	MEDICARE CONTRIBUTIONS	6.44	363	354.12				
	101-70871-1121	PERA CONTRIBUTIONS	148.68	4,752	4,305.96				
	101-70871-1122	FICA CONTRIBUTIONS	221.81	7,577	7,104.11				
	101-70871-1125	MEDICARE CONTRIBUTIONS	51.87	1,772	1,661.41				
	101-70871-1132	DENTAL INSURANCE	205.04	1,134	928.96				
	101-70971-1121	PERA CONTRIBUTIONS	185.88	4,179	3,621.36				
	101-70971-1122	FICA CONTRIBUTIONS	258.51	7,300	6,636.04				
	101-70971-1125	MEDICARE CONTRIBUTIONS	60.45	1,707	1,551.71				
	101-70971-1132	DENTAL INSURANCE	205.04	1,134	928.96				
	101-70971-1135	HSA/VEBA EMPLOYER CONTRIBU	83.34	2,001	1,750.98				
	211-21221	FEDERAL W/H	1,996.62						
	211-21222	FICA W/H	1,401.54						
	211-21223	MEDICARE W/H	327.78						
	211-21224	STATE W/H	851.84						
	211-21225	PERA W/H	1,479.05						
	211-21231	HSA /VEBA (ER ONLY)	285.00						
	211-21243	DENTAL INSURANCE	176.32						
	211-21246	HEALTH CARE SAVINGS PLAN	170.00						
	211-21258	MN DCP	200.00						
	211-70437-1121	PERA CONTRIBUTIONS	1,706.59	35,002	30,011.90				
	211-70437-1122	FICA CONTRIBUTIONS	1,401.54	37,448	33,365.07				
	211-70437-1125	MEDICARE CONTRIBUTIONS	327.78	0	954.89-			Y	
	211-70437-1132	DENTAL INSURANCE	705.28	4,424	3,718.72				
	211-70437-1135	INSURANCE BENEFITS ALLOTME	333.34	15,460	14,459.98				
	258-21221	FEDERAL WITHHOLDING	517.19						
	258-21222	FICA WITHHOLDING	549.31						
	258-21223	MEDICARE	128.47						
	258-21224	STATE WITHHOLDING	261.13						
	258-21225	PERA WITHHOLDING	562.18						
	258-21231	HSA/VBA (ER ONLY)	165.00						
	258-21243	DENTAL INSURANCE	210.24						
	258-21246	HEALTH CARE SAVINGS PLAN	30.21						
	258-21259	MNDP-ROTH	25.00						
	258-70579-1121	PERA CONTRIBUTIONS	648.67	0	1,946.00-			Y	
	258-70579-1122	FICA CONTRIBUTIONS	549.31	0	1,633.92-			Y	
	258-70579-1125	MEDICARE CONTRIBUTIONS	128.47	0	382.13-			Y	
	258-70579-1132	DENTAL INSURANCE	840.67	0	840.67-			Y	
	258-70579-1135	HSA/VEBA EMPLOYER CONTRIBU	266.68	0	800.06-			Y	

## \*\* G/L ACCOUNT TOTALS \*\*

YEAR	ACCOUNT	NAME	AMOUNT	=====LINE ITEM=====			=====GROUP BUDGET=====		
				ANNUAL BUDGET	BUDGET AVAILABLE	OVER BUDG	ANNUAL BUDGET	BUDGET AVAILABLE	OVER BUDG
	270-21221	FEDERAL WITHHOLDING	164.42						
	270-21222	FICA WITHHOLDING	141.62						
	270-21223	MEDICARE	33.12						
	270-21224	STATE WITHHOLDING	80.08						
	270-21225	PERA WITHHOLDING	164.27						
	270-21231	HSA / VEBA (ER ONLY)	25.00						
	270-21243	DENTAL INSURANCE	51.28						
	270-21246	HEALTH CARE SAVINGS PLAN	25.27						
	270-21274	VOYA	15.00						
	270-50551-1121	PERA CONTRIBUTIONS	189.54	0	568.62-	Y			
	270-50551-1122	FICA CONTRIBUTIONS	141.62	0	424.86-	Y			
	270-50551-1125	MEDICARE CONTRIBUTIONS	33.12	0	99.36-	Y			
	270-50551-1132	DENTAL INSURANCE	205.04	0	205.04-	Y			
	270-50551-1135	HSA/VEBA EMPLOYER CONTRIBU	83.34	0	250.02-	Y			
	602-21221	FEDERAL WITHHOLDING	2,543.79						
	602-21222	FICA WITHHOLDING	1,747.05						
	602-21223	MEDICARE	408.60						
	602-21224	STATE WITHHOLDING	1,198.26						
	602-21225	PERA WITHHOLDING	2,072.54						
	602-21231	HSA / VEBA (ER ONLY)	1,160.96						
	602-21243	DENTAL INSURANCE	559.65						
	602-21246	HEALTH CARE SAVINGS PLAN	668.98						
	602-21251	DEFERRED COMP - USCM	300.00						
	602-21255	VALIC ROTH (TAXABLE)	645.09						
	602-21257	DEFERRED COMP--VALIC	40.00						
	602-21274	DEFERRED COMP-VOYA ROTH	385.00						
	602-90581-1121	PERA CONTRIBUTIONS	2,391.40	55,625	48,459.97				
	602-90581-1122	FICA CONTRIBUTIONS	1,747.05	45,984	40,752.01				
	602-90581-1125	MEDICARE CONTRIBUTIONS	408.60	10,754	9,530.37				
	602-90581-1132	DENTAL INSURANCE	2,237.84	12,154	9,916.16				
	602-90581-1135	HSA/VEBA EMPLOYER CONTRIBU	1,255.81	26,250	22,488.82				
	609-21221	FEDERAL WITHHOLDING	885.76						
	609-21222	FICA WITHHOLDING	786.70						
	609-21223	MEDICARE	184.00						
	609-21224	STATE WITHHOLDING	421.49						
	609-21225	PERA WITHHOLDING	843.31						
	609-21231	HSA / VEBA (ER ONLY)	138.56						
	609-21243	DENTAL INSURANCE	106.60						
	609-21246	HEALTH CARE SAVINGS PLAN	149.21						
	609-21257	DEFERRED COMP--VALIC	125.00						
	609-90991-1121	PERA CONTRIBUTIONS	973.02	13,127	10,201.89				
	609-90991-1122	FICA CONTRIBUTIONS	786.70	14,881	12,510.06				
	609-90991-1125	MEDICARE CONTRIBUTIONS	184.00	3,480	2,925.51				
	609-90991-1132	DENTAL INSURANCE	426.44	1,950	1,523.56				
	609-90991-1135	HSA/VEBA EMPLOYER CONTRIBU	291.67	4,800	3,924.99				
		** 2020 YEAR TOTALS	166,467.09						

## \*\* DEPARTMENT TOTALS \*\*

ACCT	NAME	AMOUNT
101	NON-DEPARTMENTAL	72,231.05
101-0141	MAYOR & COUNCIL	310.29
101-0151	POLICE ADMINISTRATION	20,244.69
101-0156	CHEMICAL ASSESSMENT TEAM	173.76
101-0162	ENGINEERING	4,653.40
101-0164	COMMUNITY PLANNING	3,073.40
101-0211	STREET ADMINISTRATION	5,357.93
101-0276	PARK MAINTENANCE & DEVEL.	1,733.40
101-0364	AIRPORT	1,652.88
101-0453	ANIMAL IMPOUNDMENT	171.54
101-0671	CABLE COMMISSION	1,092.76
101-0675	COMM SERVICES ADMIN	1,927.00
101-0741	CITY ADMINISTRATION	2,631.88
101-0772	CS YOUTH ACTIVITIES	37.63
101-0821	FINANCE	2,212.70
101-0871	COMMUNITY EDUCATION	627.40
101-0931	APPRAISING & ASSESSING	1,780.33
101-0971	RECREATION	793.22
101-1231	MUNICIPAL BLDG MAINT	1,222.03
101-2071	ADULT COMMUNITY CTR	868.79
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101 TOTAL	GENERAL FUND	122,796.08
211	NON-DEPARTMENTAL	6,888.15
211-0437	LIBRARY	4,474.53
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211 TOTAL	LIBRARY FUND	11,362.68
258	NON-DEPARTMENTAL	2,448.73
258-0579	AMATEUR SPORTS CENTER	2,433.80
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258 TOTAL	ARENA & EXPO	4,882.53
270	NON-DEPARTMENTAL	700.06
270-0551	MERIT OPERATIONS	652.66
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270 TOTAL	MERIT	1,352.72
602	NON-DEPARTMENTAL	11,729.92
602-0581	WW OPERATIONS	8,040.70
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602 TOTAL	WASTEWATER OPERATING	19,770.62

\*\* DEPARTMENT TOTALS \*\*

ACCT	NAME	AMOUNT
609	NON-DEPARTMENTAL	3,640.63
609-0991	LIQUOR OPERATIONS	2,661.83
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609 TOTAL	LIQUOR	6,302.46
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	** TOTAL **	166,467.09

NO ERRORS

\*\* END OF REPORT \*\*