

CHECK REGISTER

City Of Millwood

Time: 13:37:23 Date: 11/06/2025

10/01/2025 To: 10/31/2025

Page: 1

Trans	Date	Type	Acct #	Chk #	Claimant	Amount	Memo
2115	10/06/2025	Payroll	5	EFT	Department of Retirement	12,219.64	Pay Cycle(s) 09/30/2025 To 09/30/2025 - PERS 2: Pay Cycle(s) 09/30/2025 To 09/30/2025 - Deferred Comp
2220	10/30/2025	Payroll	5	EFT	WA State Labor & Industries	3,242.91	3RD Quarter L&I: 07/01/2025 - 09/30/2025
2310	10/31/2025	Payroll	5	EFT		3,848.34	October 2025
2314	10/31/2025	Payroll	5	EFT		3,976.18	October 2025
2315	10/31/2025	Payroll	5	EFT		68.82	October 2025
2316	10/31/2025	Payroll	5	EFT		5,194.09	October 2025
2317	10/31/2025	Payroll	5	EFT		715.63	October 2025
2318	10/31/2025	Payroll	5	EFT			October 2025
2322	10/31/2025	Payroll	5	EFT		4,400.55	October 2025
2325	10/31/2025	Payroll	5	EFT		4,137.97	October 2025
2326	10/31/2025	Payroll	5	EFT		68.82	October 2025
2327	10/31/2025	Payroll	5	EFT		6,037.70	October 2025
2328	10/31/2025	Payroll	5	EFT		68.82	October 2025
2329	10/31/2025	Payroll	5	EFT		68.82	October 2025
2309	10/31/2025	Payroll	5	13148		36.71	October 2025
2311	10/31/2025	Payroll	5	13149		11.71	October 2025
2312	10/31/2025	Payroll	5	13150		68.82	October 2025
2313	10/31/2025	Payroll	5	13151		22.94	October 2025
2319	10/31/2025	Payroll	5	13152		22.94	October 2025
2320	10/31/2025	Payroll	5	13153		22.94	October 2025
2321	10/31/2025	Payroll	5	13154		36.71	October 2025
2323	10/31/2025	Payroll	5	13155		22.94	October 2025
2324	10/31/2025	Payroll	5	13156		36.71	October 2025
001 General Fund						31,712.73	
401 Utility Operating Fund						12,617.98	
						44,330.71	Payroll: 44,330.71

CERTIFICATION: I, the undersigned do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described and that the claim is a due and unpaid obligation against the City of Millwood and that I am authorized to authenticate and certify to said claim.

() Treasurer _____ Date: _____

() Elected Representative _____ Date: _____

() Elected Representative _____ Date: _____

() Elected Representative _____ Date: _____