

CHECK REGISTER

City Of Millwood

Time: 14:15:50 Date: 02/06/2025

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

Page: 1

Trans	Date	Type	Acct #	Chk #	Claimant	Amount	Memo
143	01/31/2025	Payroll	5	EFT		3,848.20	January 2025
146	01/31/2025	Payroll	5	EFT		4,075.99	January 2025
147	01/31/2025	Payroll	5	EFT		68.82	January 2025
148	01/31/2025	Payroll	5	EFT		5,179.75	January 2025
149	01/31/2025	Payroll	5	EFT		716.66	January 2025
150	01/31/2025	Payroll	5	EFT		4,028.73	January 2025
151	01/31/2025	Payroll	5	EFT		1,506.26	January 2025
152	01/31/2025	Payroll	5	EFT		6,180.34	January 2025
154	01/31/2025	Payroll	5	EFT		4,392.80	January 2025
156	01/31/2025	Payroll	5	EFT		68.82	January 2025
157	01/31/2025	Payroll	5	EFT		5,537.13	January 2025
158	01/31/2025	Payroll	5	EFT		68.82	January 2025
159	01/31/2025	Payroll	5	EFT		68.82	January 2025
162	01/31/2025	Payroll	5	EFT	AWC Employee Benefits Trust	11,538.70	Pay Cycle(s) 01/31/2025 To 01/31/2025 - Asuris; Pay Cycle(s) 01/31/2025 To 01/31/2025 - Kaiser; Pay Cycle(s) 01/31/2025 To 01/31/2025 - Dental; Pay Cycle(s) 01/31/2025 To 01/31/2025 - Vision; Pay Cycl
164	01/31/2025	Payroll	5	EFT	EFTPS	13,869.38	941 Deposit for Pay Cycle(s) 01/31/2025 - 01/31/2025
169	01/31/2025	Payroll	5	EFT	Department of Retirement	16,905.96	
207	01/31/2025	Payroll	5	EFT	WA Cares Fund-Employment Security	787.73	Pay Cycle(s) 10/01/2024 To 12/31/2024 - WA State Long Term Care
142	01/31/2025	Payroll	5	12621		36.71	January 2025
144	01/31/2025	Payroll	5	12622		11.71	January 2025
145	01/31/2025	Payroll	5	12623		68.82	January 2025
153	01/31/2025	Payroll	5	12624		36.71	January 2025
155	01/31/2025	Payroll	5	12625		36.71	January 2025
160	01/31/2025	Payroll	5	12626		36.71	January 2025
170	01/31/2025	Payroll	5	12627	HRA VEBA Trust Contributions	700.00	Pay Cycle(s) 01/31/2025 To 01/31/2025 - VEBA

001 General Fund
401 Utility Operating Fund

55,919.42
23,850.86

79,770.28 Payroll: 79,770.28

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: _____