

CHECK REGISTER

City Of Millwood

Time: 13:02:06 Date: 01/09/2025

12/01/2024 To: 12/31/2024

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Trans	Date	Type	Acct #	Chk #	Claimant	Amount	Memo
2774	12/31/2024	Payroll	5	EFT		3,558.91	December 2024
2777	12/31/2024	Payroll	5	EFT		3,287.33	December 2024
2778	12/31/2024	Payroll	5	EFT		68.82	December 2024
2779	12/31/2024	Payroll	5	EFT		4,501.79	December 2024
2780	12/31/2024	Payroll	5	EFT		706.71	December 2024
2781	12/31/2024	Payroll	5	EFT		3,800.31	December 2024
2782	12/31/2024	Payroll	5	EFT		1,198.43	December 2024
2783	12/31/2024	Payroll	5	EFT		5,822.28	December 2024
2785	12/31/2024	Payroll	5	EFT		4,057.39	December 2024
2787	12/31/2024	Payroll	5	EFT		68.82	December 2024
2788	12/31/2024	Payroll	5	EFT		4,575.34	December 2024
2789	12/31/2024	Payroll	5	EFT		68.82	December 2024
2790	12/31/2024	Payroll	5	EFT		68.82	December 2024
2791	12/31/2024	Payroll	5	EFT	AWC Employee Benefits Trust	11,516.78	Pay Cycle(s) 12/31/2024 To 12/31/2024 - Asuris; Pay Cycle(s) 12/31/2024 To 12/31/2024 - Kaiser; Pay Cycle(s) 12/31/2024 To 12/31/2024 - Dental; Pay Cycle(s) 12/31/2024 To 12/31/2024 - Vision; Pay Cycl
2795	12/31/2024	Payroll	5	EFT	Department of Retirement	15,570.70	Pay Cycle(s) 12/31/2024 To 12/31/2024 - PERS 2; Pay Cycle(s) 12/31/2024 To 12/31/2024 - Deferred Comp
2796	12/31/2024	Payroll	5	EFT	EFTPS	12,246.16	941 Deposit for Pay Cycle(s) 12/31/2024 - 12/31/2024
2799	12/31/2024	Payroll	5	EFT	WA State Labor & Industries	2,728.62	4TH Quarter L&I: 10/01/2024 - 12/31/2024
2773	12/31/2024	Payroll	5	12566		36.71	December 2024
2775	12/31/2024	Payroll	5	12567		11.71	December 2024
2776	12/31/2024	Payroll	5	12568		68.82	December 2024
2784	12/31/2024	Payroll	5	12569		36.71	December 2024
2786	12/31/2024	Payroll	5	12570		36.71	December 2024
2797	12/31/2024	Payroll	5	12571	HRA VEBA Trust Contributions	700.00	Pay Cycle(s) 12/31/2024 To 12/31/2024 - VEBA
001 General Fund						53,820.52	
401 Utility Operating Fund						20,916.17	
						74,736.69	Payroll:
							74,736.69

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: _____