

Trans	Date	Type	Acct #	Chk #	Claimant	Amount	Memo
2305	10/31/2024	Payroll	5	EFT	PFMLA - Employment Security	756.74	Pay Cycle(s) 07/01/2024 To 09/30/2024 - PFMLA
2306	10/31/2024	Payroll	5	EFT	WA Cares Fund-Employment Security	830.35	Pay Cycle(s) 07/01/2024 To 09/30/2024 - WA State Long Term Care
2313	10/31/2024	Payroll	5	EFT		3,715.52	October 2024
2316	10/31/2024	Payroll	5	EFT		3,647.36	October 2024
2317	10/31/2024	Payroll	5	EFT		68.82	October 2024
2318	10/31/2024	Payroll	5	EFT		4,944.13	October 2024
2319	10/31/2024	Payroll	5	EFT		708.93	October 2024
2320	10/31/2024	Payroll	5	EFT		3,802.18	October 2024
2321	10/31/2024	Payroll	5	EFT		1,413.78	October 2024
2322	10/31/2024	Payroll	5	EFT		6,722.65	October 2024
2324	10/31/2024	Payroll	5	EFT		4,228.44	October 2024
2326	10/31/2024	Payroll	5	EFT		68.82	October 2024
2327	10/31/2024	Payroll	5	EFT		5,633.49	October 2024
2328	10/31/2024	Payroll	5	EFT		68.82	October 2024
2329	10/31/2024	Payroll	5	EFT		68.82	October 2024
2331	10/31/2024	Payroll	5	EFT	EFTPS	13,841.88	941 Deposit for Pay Cycle(s) 10/31/2024 - 10/31/2024
2332	10/31/2024	Payroll	5	EFT	Department of Retirement	16,285.97	Pay Cycle(s) 10/31/2024 To 10/31/2024 - PERS 2; Pay Cycle(s) 10/31/2024 To 10/31/2024 - Deferred Comp
2333	10/31/2024	Payroll	5	EFT	AWC Employee Benefits Trust	10,761.06	Pay Cycle(s) 10/31/2024 To 10/31/2024 - Asuris; Pay Cycle(s) 10/31/2024 To 10/31/2024 - Kaiser; Pay Cycle(s) 10/31/2024 To 10/31/2024 - Dental; Pay Cycle(s) 10/31/2024 To 10/31/2024 - Vision; Pay Cycl
2312	10/31/2024	Payroll	5	12455		36.71	October 2024
2314	10/31/2024	Payroll	5	12456		11.71	October 2024
2315	10/31/2024	Payroll	5	12457		68.82	October 2024
2323	10/31/2024	Payroll	5	12458		36.71	October 2024
2325	10/31/2024	Payroll	5	12459		36.71	October 2024
2330	10/31/2024	Payroll	5	12460		36.71	October 2024
2353	10/31/2024	Payroll	5	12461	HRA VEBA Trust Contributions	700.00	Pay Cycle(s) 10/31/2024 To 10/31/2024 - VEBA
						53,158.14	
						25,336.99	
						78,495.13	Payroll:
							78,495.13

CHECK REGISTER

City Of Millwood

Time: 13:30:42 Date: 11/06/2024

10/01/2024 To: 10/31/2024

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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:_____