

Paid between meetings

Report Criteria:

Invoices with totals above \$0.00 included.
Only paid invoices included.

Vendor Name	Invoice Date	Description	GL Account and Title	Net Invoice Amount
04/24/2024				
(0)				
INTERNAL REVENUE SE	04/24/2024	FICA/FED TAXES SOCIAL SECURITY Pay Peri	10-22130-000 W/H TAXES-FICA/	3,786.50
INTERNAL REVENUE SE	04/24/2024	FICA/FED TAXES FEDERAL WITHHOLDING T	10-22110-000 W/H TAXES-FEDE	4,490.58
INTERNAL REVENUE SE	04/24/2024	FICA/FED TAXES SOCIAL SECURITY Pay Peri	10-22130-000 W/H TAXES-FICA/	3,786.50
INTERNAL REVENUE SE	04/24/2024	FICA/FED TAXES MEDICARE Pay Period: 4/19	10-22130-000 W/H TAXES-FICA/	885.54
INTERNAL REVENUE SE	04/24/2024	FICA/FED TAXES MEDICARE Pay Period: 4/19	10-22130-000 W/H TAXES-FICA/	885.54
WI Deferred Compensation	04/24/2024	DEFERRED COMP DEFERRED COMP AFTER	10-22310-000 PYRL DED-WI DE	81.78
WI Deferred Compensation	04/24/2024	DEFERRED COMP DEFERRED COMPENSATI	10-22310-000 PYRL DED-WI DE	245.00
WI Deferred Compensation	04/24/2024	DEFERRED COMP DEFERRED COMP AFTER	10-22310-000 PYRL DED-WI DE	100.00
Total CITY GENERAL FUND:				14,261.44
INTERNAL REVENUE SE	04/24/2024	FICA/FED TAXES FEDERAL WITHHOLDING T	20-22110-000 LIBRARY FEDER	255.61
INTERNAL REVENUE SE	04/24/2024	FICA/FED TAXES SOCIAL SECURITY Pay Peri	20-22130-000 LIBRARY FICA/M	456.65
INTERNAL REVENUE SE	04/24/2024	FICA/FED TAXES SOCIAL SECURITY Pay Peri	20-22130-000 LIBRARY FICA/M	456.65
INTERNAL REVENUE SE	04/24/2024	FICA/FED TAXES MEDICARE Pay Period: 4/19	20-22130-000 LIBRARY FICA/M	106.80
INTERNAL REVENUE SE	04/24/2024	FICA/FED TAXES MEDICARE Pay Period: 4/19	20-22130-000 LIBRARY FICA/M	106.80
Total LIBRARY FUND:				1,382.51
04/30/2024				
05-07-2024 Council				
Delta Dental	01/31/2024	Feb 2024 Dental & Vision Insurance	10-22270-000 EMPLOYEE SHA	335.70
Delta Dental	01/31/2024	Feb 2024 Dental & Vision Insurance	10-14500-000 A/R - GENERAL R	82.18
Delta Dental	01/31/2024	Feb 2024 Dental & Vision Insurance	10-51900-175 PERSONNEL/DE	14.80
Delta Dental	02/01/2024	March 2024 Dental & Vision	10-22270-000 EMPLOYEE SHA	347.14
Delta Dental	02/01/2024	March 2024 Dental & Vision	10-14500-000 A/R - GENERAL R	82.18
Delta Dental	02/01/2024	March 2024 Dental & Vision	10-51900-175 PERSONNEL/DE	14.80
Delta Dental	03/01/2024	APRIL 2024 DENTAL & VISION	10-22270-000 EMPLOYEE SHA	341.42
Delta Dental	03/01/2024	APRIL 2024 DENTAL & VISION	10-14500-000 A/R - GENERAL R	82.18
Delta Dental	03/01/2024	APRIL 2024 DENTAL & VISION	10-51900-175 PERSONNEL/DE	14.80
Delta Dental	04/01/2024	May 2024 Dental & Vision	10-22270-000 EMPLOYEE SHA	341.42
Delta Dental	04/01/2024	May 2024 Dental & Vision	10-14500-000 A/R - GENERAL R	82.18
Delta Dental	04/01/2024	May 2024 Dental & Vision	10-51900-175 PERSONNEL/DE	14.80
Total CITY GENERAL FUND:				1,753.60
Delta Dental	01/31/2024	Feb 2024 Dental & Vision Insurance	20-22270-000 EMPLOYEE SHA	48.06
Delta Dental	02/01/2024	March 2024 Dental & Vision	20-22270-000 EMPLOYEE SHA	48.06
Delta Dental	03/01/2024	APRIL 2024 DENTAL & VISION	20-22270-000 EMPLOYEE SHA	48.06
Delta Dental	04/01/2024	May 2024 Dental & Vision	20-22270-000 EMPLOYEE SHA	48.06
Total LIBRARY FUND:				192.24
Grand Totals:				17,589.79

Vendor Name	Invoice Date	Description	GL Account and Title	Net Invoice Amount
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The bills presented on this day (excluding any Library Fund invoices) having been referred to the Finance and Budget Committee, and said committee having duly investigated and audited these bills, hereby make the following recommendation:

THAT THE CITY BILLS PRESENTED ON THIS DAY BE PAID, WITH THE FOLLOWING ADJUSTMENTS AND/OR EXCEPTIONS:

Dated: _____

Finance: _____

Filed in the office of the City Clerk/Treasurer

Report Criteria:
Invoices with totals above \$0.00 included.
Only paid invoices included.