



Barry-Eaton District Board of Health

March 15, 2024
330 W. Woodlawn Avenue, Hastings, MI 49058
1:00 p.m.

AGENDA

1. Call to Order
2. Pledge of Allegiance
3. Attendance Roll Call
4. **Motion to Approve the Agenda (ACTION)**
5. Limited Public Comment (3 minutes per person)
6. Regular Board Items
 - a. **Motion to Approve the February 16, 2024 Board Meeting Minutes (ACTION)**
 - b. **Motion to Approve Payables in the Amount of \$242,606.81 (ACTION)**
 - c. **Motion to Approve Monthly Revenue/Expenditure Report (ACTION)**
7. Division Reports and Requests
 - a. Environmental Health Division
 - i. Program Update: Hedgerow
 - b. Personal and Community Health Division
 - i. Program Update: Community Health Worker Report
 - ii. Measles Update
 - c. Administration Division
 - i. Strategic Plan Quarterly Report
 - ii. The Invisible Shield Documentary
 - iii. Employee Engagement
8. Other Business (If needed)
9. Limited Public Comment (3 minutes per person)
10. Board Member Comments
11. Adjournment

NEXT MEETING: APRIL 19, 2024 CHARLOTTE, MI

Should any person attending this meeting require special accommodations, please notify the office three business days prior to the meeting at 517-604-1921



Minutes of the Barry-Eaton District Board of Health
February 16, 2024
1045 Independence Blvd, Charlotte, MI 48113
1:00 p.m.

1. Call to Order	The meeting was called to order by Chairperson Mulder at 1:00 pm
2. Pledge of Allegiance	All present joined for the Pledge of Allegiance.
3. Attendance Roll Call	<p>Board Members Present: Commissioner Catherine Getty, Commissioner Jim Mott, Commissioner Bob Teunessen, Commissioner Joe Brehler, and Commissioner Blake Mulder.</p> <p>Staff Present: Colette Scrimger (Health Officer),, Rebekah Condon (Operations Manager), Milea Burgstahler (Planning, Promotion, and Evaluation Director), Taresa Lucas (Finance Director), Kali Nichols (Personal and Community Health Director), David Comeau (Environmental Health Supervisor), Megan Newton (Registered Nurse)</p>
4. Motion to Approve the Agenda (ACTION)	<p>Motion by Commissioner Getty, Supported by Commissioner Mott</p> <p>All ayes, motion carries.</p>
5. Limited Public Comments (3 minutes per person)	None
6. Regular Board Items	<p>a. <u>Motion to approve January 19, 2024 Board Meeting Minutes (ACTION)</u></p> <p>Motion by Commissioner Tuenessen, Supported by Commissioner Mott to approve the January 19, 2024 meeting minutes as provided. All ayes, motion carried.</p> <p>b. <u>Motion to approve the November Payables</u></p> <p>Motion by Commissioner Brehler, Supported by Commissioner Getty to approve the payables for \$133,582.30. All ayes, motion carried.</p> <p>c. <u>Motion to Approve Monthly Revenue/Expenditure Report (ACTION)</u></p> <p>Taresa Lucas (Finance Director) presented the Monthly Revenue and Expenditure Report.</p>



	<p>Motion by Commissioner Getty, Supported by Commissioner Brehler to approve the Monthly Revenues and Expenditures Report. All ayes, motion carried.</p>
<p>7. Division Reports and Requests</p>	<p>a. Administration</p> <ul style="list-style-type: none">i. Introduction of Kali Nichols, Personal and Community Health Director. Kali is coming to us from Branch-Hillsdale- St Joseph Community Health Agency where she filled a similar role. She has a Masters in Public Health and lives in Battle Creek.ii. My Community Dental Center – Report Colette Scrimger presented the Quarter 3 - 2023 My Community Dental Center Report highlighting the excellent work of My Community Dental Center (MCDC), they responded to 2390 same day emergency visits in Q3 and saw over 2400 patients. Commissioners discussed how valuable this serve is to our community.iii. Program Update: Accreditation Colette Scrimger outlined that we are in the midst of three accreditations currently, they are Public Health Accreditation Board (PHAB), Project Public Health Ready (PPHR), and State Accreditation. She, and Rebekah Condon, gave histories and overviews of requirements for each. She also highlighted key differences. <p>b. Environmental Health Division</p> <ul style="list-style-type: none">i. Program Update: Workload Distribution David Comeau presented on a recent restructuring to the water protection workload. He analyzed data from 2021 to now and identified a workload inequity. He worked with the Environmental Health Data Specialist to restructure the workload for his team. He will continuously monitor the work load for potential adjustments through Hedgerow software and



	<p>noted the benefit of having teams in both counties to help cover neighboring townships.</p> <p>ii. <u>Proposal to change Environmental Health Specialist position from level one to two (ACTION)</u></p> <p>Colette Scrimger outlined the difference between Environmental Health Specialist I (EHS I) and Environmental Health Specialist II (EHS II). Proposal to change 1.0 FTE EHS I to a 1.0 FTE EHS II which will allow for the promotion of a current staff person who has recently completed the REHS requirement.</p> <p>Motion by Commissioner Brehler, Supported by Commissioner Getty to approve staffing adjustment to include Environmental Health Specialist II. All ayes, motion carries.</p> <p>c. Personal and Community Health</p> <p>i. Board Education</p> <p>Megan Newton educated the board on the effects of lead poisoning in children. She outlined the new state guidelines and discussed the RN Case Management process at BEDHD. Megan also talked about how important partnerships are within the community as it pertains to lead abatement and the struggles that she sees in that process. The Commissioners asked questions regarding causes of lead poisoning and discussed the dangers that long-term exposure can cause.</p>
8. Other Business (If needed)	None
9. Limited Public Comments (3 minutes per person)	None
10. Board Member Comments	None
11. Adjournment	Chairperson Mulder adjourned the meeting at 2:03 pm.



Barry-Eaton District Health Department

Barry County: 330 W. Woodlawn Ave., Hastings MI 49058
Phone: 269-945-9516 Fax: 517-543-7737

Eaton County: 1033 Health Care Dr., Charlotte, MI 48813
Phone: 517-543-2430 Fax: 517-543-7737

Blake Mulder, Chair _____ Colette Scrimger, Health Officer _____

NEXT MEETING: March 15, 2024 in HASTINGS, MI

Should any person attending this meeting require accommodations, please notify the office three business days prior to the meeting at 517-541-2694

January 31, 2024 Represents 4/12ths of FY 2023/2024 Budget = 33.33%				
	4 Month Year to Date		Annual	Percent of Actual to Approved Budget
	ACTUAL	BUDGET	Current BOH Approved Budget	
REVENUES				
Comprehensive Supplemental	8,353	11,828	35,485	23.54%
Comprehensive Agreement Contracts	996,691	831,853	2,495,560	39.94%
ELPHS Contracts	173,199	292,079	876,236	19.77%
ELPHS Contracts - Local Community Stabilization	-	63,595	190,784	0.00%
MDEQ ELPHS Sewage/Water Contract	144,596	154,776	464,328	31.14%
Contracts Non-Comprehensive Agreement	175,162	429,314	1,287,941	13.60%
Miscellaneous Mini Grants	9,000	1,333	4,000	225.00%
Federally Funded Vaccine Expense - Inkind	-	84,333	253,000	0.00%
MCDC Dental Clinic Rent	23,440	23,440	70,320	33.33%
Barry County Solid Waste Oversight	177	1,733	5,200	3.40%
Hedis Bonus - HPM Physician Incentive Program	-	-	-	0.00%
Barry Appropriations	163,558	167,596	502,788	32.53%
Eaton Appropriations	286,327	286,327	858,982	33.33%
Medicaid Cost Reimbursement	58,323	46,113	138,338	42.16%
Fees for Service - EH	53,182	166,966	500,898	10.62%
Permit Fees - EH	40,601	54,795	164,384	24.70%
Fees for Service - EH Certification	3,058	6,910	20,729	14.75%
Fees for Service - Personal Health Clinics	5,493	5,700	17,101	32.12%
Service Fees-Commercial Insurance - Personal Health	47,002	48,473	145,419	32.32%
Service Fees-Medicaid - Personal Health	18,806	48,796	146,388	12.85%
Service Fees-Medicare - Personal Health	2,473	273	818	302.29%
Donations	-	-	-	0.00%
Prior Year Revenue	-	-	-	0.00%
Miscellaneous Revenue	-	-	-	0.00%
County Central Services Local Support	174,263	174,263	522,788	33.33%
Total REVENUE	2,383,702	2,900,496	8,701,488	27.39%
CASH BALANCE AT END OF MONTH	1,487,550			

January 31, 2024 Represents 4/12ths of FY 2023/2024 Budget = 33.33%				
	4 Month Year to Date		Annual	Percent of Actual to Approved Budget
	ACTUAL	BUDGET	Current BOH Approved Budget	
EXPENSES				
----- SALARY & FRINGE EXPENSE -----				
Salaries	1,269,677	1,361,283	4,083,848	31.09%
Social Security/Medicare	91,097	102,236	306,709	29.70%
Workers' Compensation	3,893	13,750	41,251	9.44%
Health Insurance	172,954	211,865	635,595	27.21%
Health Savings Account	96,000	35,600	106,801	89.89%
Dental Insurance	26,223	26,490	79,469	33.00%
Life Insurance	1,598	1,619	4,857	32.91%
Vision Insurance	7,483	7,995	23,984	31.20%
Pension	233,657	228,077	684,230	34.15%
Unemployment Benefits	-	2,433	7,300	0.00%
Short-Term Disability	6,859	7,474	22,422	30.59%
MERS UAL Expense	20,458	11,078	33,234	61.56%
Total SALARY & FRINGE EXPENSE	1,929,900	2,009,900	6,029,700	32.01%
----- OPERATING EXPENSE -----				
Travel-Mileage	231	-	-	0.00%
Travel-Other Expenses	9,571	11,987	35,960	26.61%
Travel-Clients	-	33	100	0.00%
Travel-Meals	643	1,527	4,580	14.03%
Contractual	154,866	292,611	877,834	17.64%
Equipment	-	-	-	0.00%
Computers Equipment & Supplies	16,465	21,050	63,150	26.07%
Computer Software/Subscriptions	13,935	11,891	35,674	39.06%
Supplies	19,363	24,809	74,427	26.02%
Supplies-Medical	2,292	4,457	13,372	17.14%
Supplies-Pharmaceutical	38,367	76,102	228,307	16.80%
Medical Services-Dr Bills	2,182	2,217	6,650	32.80%
Lab Fees	790	3,373	10,119	7.81%
Pamphlets & Brochures	201	1,917	5,750	3.50%
Outreach Materials	861	16,409	49,227	1.75%
Recruitment Advertising	405	1,883	5,650	7.17%
Membership Fees	8,973	3,470	10,411	86.19%
Books/Subscriptions/Film	346	659	1,977	17.48%
Insurance	19,300	14,293	42,880	45.01%
License Fees to St of Mi	829	5,932	17,797	4.66%
Food Safety Certification Classes Exp	2,393	1,567	4,700	50.92%
Repairs & Maintenance	-	2,317	6,950	0.00%
Employee Training & Conferences	17,429	12,952	38,855	44.86%
Postage & Shipping	3,066	5,112	15,335	19.99%
Telephone	14,662	16,880	50,640	28.95%
Cellular Phone	8,499	14,119	42,356	20.07%
MCDC Rental Expense	23,440	23,440	70,320	33.33%
Rental Expenditures	-	333	1,000	0.00%
Lease Expenditures	42,929	41,680	125,039	34.33%
Miscellaneous Expense	10,147	16,161	48,482	20.93%
Local Match Expenses	-	-	-	0.00%
Bad Debt Expense	-	-	-	0.00%
Cash Short/Over	0	-	-	0.00%
Credit Card Discount Fees	2,316	2,819	8,458	27.39%
County Central Services Local Support	174,263	174,263	522,788	33.33%
Federally Funded Vaccine Expense - Inkind	-	84,333	253,000	0.00%
Total OPERATING EXPENSE	588,763	890,596	2,671,788	22.04%
Total EXPENSES	2,518,663	2,900,496	8,701,488	28.95%
Excess (Deficiency) of Revenue Sources Over (Under) Expenditures	(134,960)	(0)	-	-

BARRY-EATON DISTRICT HEALTH DEPARTMENT

PAYMENTS FOR JANUARY 2024

BOARD OF HEALTH MEETING HELD AT HASTINGS, MI-BARRY COUNTY

DATE: March 15, 2024

ACCOUNTS PAYABLE RUN 1	\$	25,703.47
ACCOUNTS PAYABLE RUN 2	\$	167,898.26
ACCOUNTS PAYABLE RUN 3	\$	33,943.45
ACCOUNTS PAYABLE RUN 4	\$	15,061.63
ACCOUNTS PAYABLE RUN 5		

TOTAL MONTHLY PAYMENTS SUBMITTED FOR APPROVAL: \$ **242,606.81**

SUMMARY OF APPROVED TO PAY REPORTS

1	Approved to pay report dated: 1/31/2024	\$ 25,703.47
2	Approved to pay report dated: 2/7/2024	\$ 52,047.17
3	Approved to pay report dated: 2/7/2024	\$ 7,884.00
4	Approved to pay report dated: 2/7/2024	\$ 8,399.41
5	Approved to pay report dated: 2/7/2024	\$ 99,567.68
6	Approved to pay report dated: 2/14/2024	\$ 373.19
7	Approved to pay report dated: 2/14/2024	\$ 33,570.26
8	Approved to pay report dated: 2/21/2024	\$ 380.34
9	Approved to pay report dated: 2/21/2024	\$ 14,681.29
10	Approved to pay report dated:	
11	Approved to pay report dated:	
12	Approved to pay report dated:	
13	Approved to pay report dated:	
14	Approved to pay report dated:	
15	Approved to pay report dated:	
16	Approved to pay report dated:	

TOTAL \$ 242,606.81

APPROVED
TO
PAY
REPORT
#1

A/P Batch Listing - Invoice (APIBTCLZ)

From Batch Number [1153] To [1153]
From Batch Date [1/31/2024] To [1/31/2024]
Type [Entered, Imported, Generated, Recurring, External]
Status [Open, Ready To Post, Posted]
Reprint Previously Printed Batches [Yes]
Show Schedules [Yes]
Show Job Details [Yes]
Show Tax Details [Yes]
Show Comments [Yes]
Show Optional Fields [Yes]

Batch No.: 1153	Description: AP INVOICES FOR WEEK OF 1.29.2024	Total Amount: 25,703.47
Batch Date: 1/31/2024	Type: Entered	Source Application: AP
Last Edited: 1/31/2024	Status: Posted	No. of Entries: 21

Entry No.: 1	CONFERENCE REG	Vendor: NACCHO NATIONAL ASSOCIATION OF COUN
Document Number: INV# 374531 & 734535	Document Type: Invoice	Remit-To: 79197 NACCHO
	Document Date: 1/30/2024	Posting Date: 1/30/2024
Account Set: AC1	Import Declaration Number:	Year - Period: 2024 - 04
Terms: DUEUBD	Due Date: 1/30/2024	Tax Group: TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	93100-143	Training/Conferences-C19V ADM 14 NACCHO-360 CONFERENCE		1,400.00			
			TA	0.00			
			Total:	<u>1,400.00</u>			

Entry No.: 2	STAMPS	Vendor: USPS UNITED STATES POSTAL SERVICE
Document Number: 100 FOREVER STAMPS	Document Type: Invoice	
	Document Date: 1/31/2024	Posting Date: 1/31/2024
Account Set: AC1	Import Declaration Number:	Year - Period: 2024 - 04
Terms: DUEUBD	Due Date: 1/31/2024	Tax Group: TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	93200-540	Postage-CSHCS 540	USP-100 FOREVER ST	68.00			
			TA	0.00			
			Total:	<u>68.00</u>			

A/P Batch Listing - Invoice (APIBTCLZ)

Entry No.:	3	FOOD LICE	Vendor:	STATE STATE OF MICHIGAN		
Document Number:	INV# 79111183771	Document Type:	Invoice	Remit-To:	MDA MICHIGAN DEPT OF AG & RURAL DEVELOPMENT	
Account Set:	ACI	Document Date:	1/10/2024	Posting Date:	1/10/2024	Year - Period: 2024 - 04
Terms:	DUEUBD	Due Date:	1/10/2024	Import Declaration Number:		Tax Group: TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	92000-215	License Fees to St of MI-Food 215	MDA-BARRY FOOD L	83.00			
			TA	0.00			
			Total:	83.00			

Entry No.:	4	REIMBURSEMENT	Vendor:	399 JODI PESSELL		
Document Number:	REIMB FOR EXAMS	Document Type:	Invoice	Posting Date:	1/31/2024	Year - Period: 2024 - 04
Account Set:	ACI	Document Date:	1/31/2024	Import Declaration Number:		Tax Group: TG
Terms:	DUEUBD	Due Date:	1/31/2024			

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	92200-215	Food Safety Cert. Class-Food 215	J PESSELL-FOOD SAF	1,765.50			
			TA	0.00			
			Total:	1,765.50			

Entry No.:	5	HR SUPPORT FOR JAN	Vendor:	PEOPLEMATTER PEOPLE MATTER LLC		
Document Number:	INV# 1191	Document Type:	Invoice	Remit-To:	PEOPLE PEOPLE MATTERS, LLC	
Account Set:	ACTSET	Document Date:	1/22/2024	Posting Date:	1/22/2024	Year - Period: 2024 - 04
Terms:	TERM	Due Date:	1/22/2024	Import Declaration Number:		Tax Group: TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	71706-140	Contractual-ADM 140	PEOPLE MATTERS-HF	6,800.00			
			TA	0.00			
	71706-140	Contractual-ADM 140	PEOPLE MATTERS-PR	2,854.20			
			TA	0.00			
	71706-140	Contractual-ADM 140	PEOPLE MATTERS-PC	986.00			

A/P Batch Listing - Invoice (APIBTCLZ)

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
			TA	0.00			
	93100-443	Training/Conferences-C19V PH 443	PEOPLE MATTERS-M	1,200.00			
			TA	0.00			
	71706-443	Contractual-C19V PH 443	PEOPLE MATTERS-W	2,225.00			
			TA	0.00			
			Total:	<u>14,065.20</u>			

Entry No.: 6 **CONSULTING FOR JAN** **Vendor:** MANERC MANER COSTERISAN & ELLIS PC
Document Number: INV# 47984 **Document Type:** Invoice **Document Date:** 1/23/2024 **Posting Date:** 1/23/2024 **Year - Period:** 2024 - 04
Account Set: AC1 **Import Declaration Number:** **Tax Group:** TG
Terms: DUEUBD **Due Date:** 1/23/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	71706-140	Contractual-ADM 140	MANER COSTERISAN	6,059.54			
			TA	0.00			
			Total:	<u>6,059.54</u>			

Entry No.: 7 **PAYROLL SHIPPING** **Vendor:** FEDEX FEDERAL EXPRESS CORPORATION
Document Number: INV# 838686801 **Document Type:** Invoice **Document Date:** 1/23/2024 **Posting Date:** 1/23/2024 **Year - Period:** 2024 - 04
Account Set: AC1 **Import Declaration Number:** **Tax Group:** TG
Terms: DUEUBD **Due Date:** 1/23/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	93200-140	Postage-ADM 140	FED EX-SHIPPING OF	100.09			
			TA	0.00			
			Total:	<u>100.09</u>			

Entry No.: 8 **EMPLOYEE TESTING** **Vendor:** SHPCP SPECTRUM HEALTH PRIMARY CARE
Document Number: INV# 802360 & 802816 **Document Type:** Invoice **Document Date:** 1/22/2024 **Posting Date:** 1/22/2024 **Year - Period:** 2024 - 04
Account Set: AC1 **Import Declaration Number:** **Tax Group:** TG

A/P Batch Listing - Invoice (APIBTCLZ)

Terms: DUEUBD Due Date: 1/22/2024

1099 / CPRS Code: 6

1099 / CPRS Amt.:

95.00

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	84100-400	Medical Services-Gen PH 400	COREWELL HEALTH-TA	35.00 0.00			
	84100-481	Medical Services-MSS-HRA 481	COREWELL HEALTH-TA	60.00 0.00			
			Total:	<u>95.00</u>			

Entry No.: 9 CONFERENCE HOTEL

Vendor: DEBIT DEBIT CARD

Document Number: CRYSTAL MOUNT 01.2024

Document Type: Invoice

Document Date: 1/12/2024

Posting Date: 1/12/2024

Year - Period: 2024 - 04

Account Set: AC1

Import Declaration Number:

Tax Group: TG

Terms: DUEUBD Due Date: 1/12/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	71601-140	Travel-Other-ADM 140	DEBIT/CRYSTAL MOU TA	191.66 0.00			
	71601-140	Travel-Other-ADM 140	DEBIT/CRYSTAL MOU TA	171.90 0.00			
			Total:	<u>363.56</u>			

Entry No.: 10 RECRUITMENT

Vendor: DEBIT DEBIT CARD

Document Number: INDEED 01.2024

Document Type: Invoice

Document Date: 1/11/2024

Posting Date: 1/11/2024

Year - Period: 2024 - 04

Account Set: AC1

Import Declaration Number:

Tax Group: TG

Terms: DUEUBD Due Date: 1/11/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	90001-144	Recruitment Advertising-OD2A ADM	DEBIT/INDEED-RECR TA	405.00 0.00			
			Total:	<u>405.00</u>			

A/P Batch Listing - Invoice (APIBTCLZ)

Entry No.: 11 ADVERTISING Vendor: DEBIT DEBIT CARD

Document Number: FACEBOOK 01.2024 Document Type: Invoice
 Document Date: 1/2/2024 Posting Date: 1/2/2024 Year - Period: 2024 - 04
 Account Set: ACI Import Declaration Number: Tax Group: TG
 Terms: DUEUBD Due Date: 1/2/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	90000-144	Outreach Materials-OD2A ADM 144	DEBIT/FACEBOOK-BC	24.99			
			TA	0.00			
			Total:	<u>24.99</u>			

Entry No.: 12 MONTHLY SUBSCRIPTION Vendor: DEBIT DEBIT CARD

Document Number: EVENTBRITE 01.2024 Document Type: Invoice
 Document Date: 1/31/2024 Posting Date: 1/31/2024 Year - Period: 2024 - 04
 Account Set: ACI Import Declaration Number: Tax Group: TG
 Terms: DUEUBD Due Date: 1/31/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72003-144	Computer Software/Subscriptions-OI	DEBIT/EVENTBRITE-I	14.50			
			TA	0.00			
	72003-190	Computer Software/Subscriptions-PP	DEBIT/EVENTBRITE-I	14.50			
			TA	0.00			
			Total:	<u>29.00</u>			

Entry No.: 13 FIRST AID TRAINING Vendor: DEBIT DEBIT CARD

Document Number: MSU EXT 01.2024 Document Type: Invoice
 Document Date: 1/5/2024 Posting Date: 1/5/2024 Year - Period: 2024 - 04
 Account Set: ACI Import Declaration Number: Tax Group: TG
 Terms: DUEUBD Due Date: 1/5/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	93100-400	Training/Conferences-Gen PH 400	DEBIT/MSU-MENTAL	45.00			
			TA	0.00			
			Total:	<u>45.00</u>			

A/P Batch Listing - Invoice (APIBTCLZ)

Entry No.: 14 VIRTUAL TRAINING **Vendor:** DEBIT DEBIT CARD

Document Number: CMH 01.2024 **Document Type:** Invoice **Posting Date:** 1/2/2024 **Year - Period:** 2024 - 04
Account Set: AC1 **Document Date:** 1/2/2024 **Import Declaration Number:** **Tax Group:** TG
Terms: DUEUBD **Due Date:** 1/2/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	93100-144	Training/Conferences-OD2A ADM 1-	DEBIT/MACMHB-VIR	10.00			
			TA	0.00			
			Total:	10.00			

Entry No.: 15 VIRTUAL TRAINING **Vendor:** DEBIT DEBIT CARD

Document Number: CMHA-01.2024 **Document Type:** Invoice **Posting Date:** 1/2/2024 **Year - Period:** 2024 - 04
Account Set: AC1 **Document Date:** 1/2/2024 **Import Declaration Number:** **Tax Group:** TG
Terms: DUEUBD **Due Date:** 1/2/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	93100-144	Training/Conferences-OD2A ADM 1-	DEBIT/MACMHB-VIR	10.00			
			TA	0.00			
			Total:	10.00			

Entry No.: 16 MEDIA ADVERTISING **Vendor:** DEBIT DEBIT CARD

Document Number: FACEBOOK-01.2024 **Document Type:** Invoice **Posting Date:** 1/22/2024 **Year - Period:** 2024 - 04
Account Set: AC1 **Document Date:** 1/22/2024 **Import Declaration Number:** **Tax Group:** TG
Terms: DUEUBD **Due Date:** 1/22/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	90000-441	Outreach Materials-MCH 441	DEBIT/FACEBOOK-BC	32.95			
			TA	0.00			
	90000-441	Outreach Materials-MCH 441	DEBIT/FACEBOOK-BC	3.68			
			TA	0.00			

A/P Batch Listing - Invoice (APIBTCLZ)

Total: 36.63

Entry No.: 17 BOOKS **Vendor:** DEBIT DEBIT CARD

Document Number: NEHA-01.2024 **Document Type:** Invoice
Document Date: 1/16/2024 **Posting Date:** 1/16/2024 **Year - Period:** 2024 - 04
Account Set: AC1 **Import Declaration Number:** **Tax Group:** TG
Terms: DUEUBD **Due Date:** 1/16/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	92200-215	Food Safety Cert. Class-Food 215	DBIT/NEHA-PROF FO TA	396.85 0.00			
			Total:	<u>396.85</u>			

Entry No.: 18 SUBSCRIPTION **Vendor:** DEBIT DEBIT CARD

Document Number: ADOBE 01.2024 **Document Type:** Invoice
Document Date: 1/17/2024 **Posting Date:** 1/17/2024 **Year - Period:** 2024 - 04
Account Set: AC1 **Import Declaration Number:** **Tax Group:** TG
Terms: DUEUBD **Due Date:** 1/17/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72003-140	Computer Software/Subscriptions-AI	DEBIT/ADOBE-SUBSC TA	360.24 0.00			
			Total:	<u>360.24</u>			

Entry No.: 19 FLEET SUPPLIES **Vendor:** DEBIT DEBIT CARD

Document Number: WALMART-01.2024 **Document Type:** Invoice
Document Date: 1/18/2024 **Posting Date:** 1/18/2024 **Year - Period:** 2024 - 04
Account Set: AC1 **Import Declaration Number:** **Tax Group:** TG
Terms: DUEUBD **Due Date:** 1/18/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72601-140	Supplies-ADM 140	DEBIT/WALMART-SN TA	88.70 0.00			
			Total:	<u>88.70</u>			

A/P Batch Listing - Invoice (APIBTCLZ)

Entry No.: 20 SOFTWARE SUPPORT **Vendor:** DEBIT DEBIT CARD

Document Number: SAGE-01.2024 **Document Type:** Invoice

Account Set: AC1 **Document Date:** 1/31/2024 **Posting Date:** 1/31/2024 **Year - Period:** 2024 - 04

Terms: DUEUBD **Due Date:** 1/31/2024 **Import Declaration Number:** **Tax Group:** TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	71706-140	Contractual-ADM 140	DEBIT/SAGE-MONTH	99.00			
			TA	0.00			
			Total:	<u>99.00</u>			

Entry No.: 21 REPLENISH PETTY CASH-BARRY **Vendor:** PETTYB IMPREST CASH - BARRY COUNTY

Document Number: REPLENISH PETTY CASH **Document Type:** Invoice

Account Set: AC1 **Document Date:** 1/31/2024 **Posting Date:** 1/31/2024 **Year - Period:** 2024 - 04

Terms: DUEUBD **Due Date:** 1/31/2024 **Import Declaration Number:** **Tax Group:** TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72601-999	Supplies-999	PETTY CASH-SNACK!	47.81			
			TA	0.00			
	72601-235	Supplies-On-Site Sewage 235	PETTY CASH-CAR W/	35.00			
			TA	0.00			
	72601-520	Supplies-IMMS 520	PETTY CASH-IMMS S	9.47			
			TA	0.00			
	72601-140	Supplies-ADM 140	PETTY CASH-CAR W/	13.00			
			TA	0.00			
	92200-215	Food Safety Cert. Class-Food 215	PETTY CASH-POSTAC	45.34			
			TA	0.00			
	72601-200	Supplies-Gen EH 200	PETTY CASH-CAR W/	12.00			
			TA	0.00			
	92200-215	Food Safety Cert. Class-Food 215	PETTY CASH-SNACK!	35.55			
			TA	0.00			
			Total:	<u>198.17</u>			

A/P Batch Listing - Invoice (APIBTCLZ)

Documents	
Total Invoices	25,703.47
Total Credit Notes	0.00
Total Debit Notes	0.00
Total Interest	0.00
Total for Batch 1,153	<u>25,703.47</u>

21 entries printed
1 batch printed

APPROVED
TO
PAY
REPORT
#2

A/P Batch Listing - Invoice (APIBTCLZ)

From Batch Number [1154] To [1154]
 From Batch Date [2/7/2024] To [2/7/2024]
 Type [Entered, Imported, Generated, Recurring, External]
 Status [Open, Ready To Post, Posted]
 Reprint Previously Printed Batches [Yes]
 Show Schedules [Yes]
 Show Job Details [Yes]
 Show Tax Details [Yes]
 Show Comments [Yes]
 Show Optional Fields [Yes]

Batch No.: 1154 Description: MERS & ALERUS EMPLOYER PENSION CONTRIBUTION Total Amount: 52,047.17
 Batch Date: 2/7/2024 Type: Entered Source Application: AP No. of Entries: 2
 Last Edited: 2/7/2024 Status: Posted

Entry No.: 1 MERS EMPLOYER PENSION CONTRIBUTION Vendor: MERS MUNICIPAL EMPLOYEES' RETIREMEN
 Document Number: INV#152166-4 Document Type: Invoice Remit-To: MEETIN MERS OF MICHIGAN
 Document Date: 1/31/2024 Posting Date: 1/31/2024 Year - Period: 2024 - 04
 Account Set: AC1 Import Declaration Number: Tax Group: TG
 Terms: NET13 Due Date: 2/13/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	12200-006	Prepaid Exp-A/P Bills	MERS-EMPLOYER PE	44,516.50			
			TA	0.00			
			Total:	<u>44,516.50</u>			

Entry No.: 2 ALERUS EMPLOYER PENSION CONTRIBUTION Vendor: ALERUS ALERUS RETIREMENT SOLUTIONS
 Document Number: INV# 020720241 Document Type: Invoice Posting Date: 1/31/2024 Year - Period: 2024 - 04
 Document Date: 1/31/2024 Import Declaration Number: Tax Group: TG
 Account Set: ACTSET
 Terms: TERM Due Date: 1/31/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	12200-006	Prepaid Exp-A/P Bills	ALERUS EMPLOYER	7,530.67			
			TA	0.00			
			Total:	<u>7,530.67</u>			

A/P Batch Listing - Invoice (APIBTCLZ)

--- Batch Summary ---

Documents	
Total Invoices	52,047.17
Total Credit Notes	0.00
Total Debit Notes	0.00
Total Interest	0.00
Total for Batch 1,154	<u>52,047.17</u>

2 entries printed

1 batch printed

APPROVED
TO
PAY
REPORT
#3

A/P Batch Listing - Invoice (APIBTCLZ)

From Batch Number [1156] To [1156]
 From Batch Date [2/7/2024] To [2/7/2024]
 Type [Entered, Imported, Generated, Recurring, External]
 Status [Open, Ready To Post, Posted]
 Reprint Previously Printed Batches [Yes]
 Show Schedules [Yes]
 Show Job Details [Yes]
 Show Tax Details [Yes]
 Show Comments [Yes]
 Show Optional Fields [Yes]

Batch No.: 1156 Description: MERS EMPLOYER VOLUNTRY CONTRIBUTION Total Amount: 7,884.00
 Batch Date: 2/7/2024 Type: Entered Source Application: AP No. of Entries: 1
 Last Edited: 2/7/2024 Status: Posted

Entry No.: 1 EMPLOYER VOLUNTARY CONTRIBUTION Vendor: MERS MUNICIPAL EMPLOYEES' RETIREMEN
 Document Number: INV# 152166/UAL Document Type: Invoice Remit-To: MEETIN MERS OF MICHIGAN
 Document Date: 1/31/2024 Posting Date: 1/31/2024 Year - Period: 2024 - 04
 Account Set: AC1 Import Declaration Number: Tax Group: TG
 Terms: NET13 Due Date: 2/13/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	71555-140	MERS UAL Expense-ADM 140	MERS-EMPLOYER VC	7,884.00			
			TA	0.00			
			Total:	<u>7,884.00</u>			

--- Batch Summary ---

Documents	
Total Invoices	7,884.00
Total Credit Notes	0.00
Total Debit Notes	0.00
Total Interest	0.00
Total for Batch 1,156	<u><u>7,884.00</u></u>

1 entry printed

1 batch printed

APPROVED
TO
PAY
REPORT
#4

A/P Batch Listing - Invoice (APIBTCLZ)

From Batch Number [1157] To [1157]
From Batch Date [2/7/2024] To [2/7/2024]
Type [Entered, Imported, Generated, Recurring, External]
Status [Open, Ready To Post, Posted]
Reprint Previously Printed Batches [Yes]
Show Schedules [Yes]
Show Job Details [Yes]
Show Tax Details [Yes]
Show Comments [Yes]
Show Optional Fields [Yes]

Batch No.: 1157 **Description:** PO INVOICES FOR WEEK OF 2.5.2024 **Total Amount:** 8,399.41
Batch Date: 2/7/2024 **Type:** External **Source Application:** PO **No. of Entries:** 13
Last Edited: 2/7/2024 **Status:** Posted

Entry No.: 1 VACCINE **Vendor:** MERCK MERCK & CO., INC.
Document Number: INV#7017431780 **Document Type:** Invoice **Remit-To:** 94000 MERCK SHARP & DOHME LLC
PO Number: PO00000000000000001955 **Document Date:** 2/7/2024 **Posting Date:** 2/5/2024 **Year - Period:** 2024 - 05
Account Set: ACI **Import Declaration Number:** **Tax Group:** TG
Terms: DUEUBD T **Due Date:** 2/7/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72604-520	Supplies-Pharmaceutical-IMMS 520	MERCK-VACCINE	2,181.05			
			TA	0.00			
			Total:	<u>2,181.05</u>			

Entry No.: 2 VACCINE **Vendor:** MERCK MERCK & CO., INC.
Document Number: INV#7017432576 **Document Type:** Invoice **Remit-To:** 94000 MERCK SHARP & DOHME LLC
PO Number: PO00000000000000001956 **Document Date:** 2/7/2024 **Posting Date:** 2/5/2024 **Year - Period:** 2024 - 05
Account Set: ACI **Import Declaration Number:** **Tax Group:** TG
Terms: DUEUBD T **Due Date:** 2/7/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72604-520	Supplies-Pharmaceutical-IMMS 520	MERCK-VACCINE	682.07			
			TA	0.00			
			Total:	<u>682.07</u>			

A/P Batch Listing - Invoice (APIBTCLZ)

Entry No.:	3	VACCINE	Vendor:	SANOFI SANOFI PASTEUR INC.		
Document Number:	INV# 922157850	Document Type:	Invoice	Remit-To:	SANOFI SANOFI PASTEUR	
PO Number:	PO00000000000000001954	Document Date:	2/6/2024	Posting Date:	2/5/2024	Year - Period: 2024 - 05
Account Set:	AC1	Import Declaration Number:		Tax Group:	TG	
Terms:	DUEUBD T	Due Date:	2/6/2024			

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72604-520	Supplies-Pharmaceutical-IMMS 520	SANOFI-VACCINE	90.54			
			TA	0.00			
			Total:	90.54			

Entry No.:	4	MEDICAL SUPPLIES	Vendor:	HENRYS HENRY SCHEIN, INC.		
Document Number:	INV# 71549050	Document Type:	Invoice	Remit-To:	10241 HENRY SCHEIN, INC.	
PO Number:	PO00000000000000001946	Document Date:	1/31/2024	Posting Date:	1/30/2024	Year - Period: 2024 - 04
Account Set:	AC1	Import Declaration Number:		Tax Group:	TG	
Terms:	DUEUBD T	Due Date:	1/31/2024			

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72601-195	Supplies-EP ADM 195	HENRY SCHEIN-EMEJ	806.77			
			TA	0.00			
			Total:	806.77			

Entry No.:	5	MEDICAL SUPPLIES	Vendor:	HENRYS HENRY SCHEIN, INC.		
Document Number:	INV# 71548947	Document Type:	Invoice	Remit-To:	10241 HENRY SCHEIN, INC.	
PO Number:	PO00000000000000001945	Document Date:	1/31/2024	Posting Date:	1/30/2024	Year - Period: 2024 - 04
Account Set:	AC1	Import Declaration Number:		Tax Group:	TG	
Terms:	DUEUBD T	Due Date:	1/31/2024			

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72601-195	Supplies-EP ADM 195	HENRY SCHEIN-EMEJ	813.55			
			TA	0.00			
			Total:	813.55			

Entry No.:	6	VACCINE	Vendor:	GSK GLAXOSMITHKLINE PHARMACEUTICA		
-------------------	---	---------	----------------	-----------------------------------	--	--

A/P Batch Listing - Invoice (APIBTCLZ)

Document Number: INV#8254246671
 PO Number: PO00000000000000001958
 Account Set: ACTSET
 Terms: TERM T Due Date: 2/6/2024

Document Type: Invoice
 Document Date: 2/6/2024 Posting Date: 2/5/2024 Year - Period: 2024 - 05
 Import Declaration Number: Tax Group: TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72604-520	Supplies-Pharmaceutical-IMMS 520	GSK-VACCINE	1,980.35			
			TA	0.00			
			Total:	<u>1,980.35</u>			

Entry No.: 7 MEDICAL SUPPLIES Vendor: MCKESSON MCKESSON MEDICAL-SURGIC/

Document Number: INV# 21671551
 PO Number: PO00000000000000001944
 Account Set: ACTSET
 Terms: TERM T Due Date: 2/7/2024

Document Type: Invoice
 Document Date: 2/7/2024 Remit-To: 936279 MCKESSON MEDICAL-SURGICAL
 Posting Date: 2/4/2024 Year - Period: 2024 - 05
 Import Declaration Number: Tax Group: TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72601-195	Supplies-EP ADM 195	MCKESSON-EMERGE	136.23			
			TA	0.00			
			Total:	<u>136.23</u>			

Entry No.: 8 MEDICAL SUPPLIES Vendor: MCKESSON MCKESSON MEDICAL-SURGIC/

Document Number: INV# 21648985
 PO Number: PO00000000000000001944
 Account Set: ACTSET
 Terms: TERM T Due Date: 1/31/2024

Document Type: Invoice
 Document Date: 1/31/2024 Remit-To: 936279 MCKESSON MEDICAL-SURGICAL
 Posting Date: 1/30/2024 Year - Period: 2024 - 04
 Import Declaration Number: Tax Group: TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72603-460	Supplies-Medical-WIC 460	MCKESSON-LANCET	142.58			
			TA	0.00			
	72601-195	Supplies-EP ADM 195	MCKESSON-EMERGE	1.59			
			TA	0.00			
			Total:	<u>144.17</u>			

A/P Batch Listing - Invoice (APIBTCLZ)

Entry No.: 9	MEDICAL SUPPLIES	Vendor:	MCKESSON MCKESSON MEDICAL-SURGIC/
Document Number:	INV# 21648643	Document Type:	Invoice
PO Number:	PO00000000000000001943	Document Date:	2/5/2024
Account Set:	ACTSET	Posting Date:	1/30/2024
Terms:	TERM T	Import Declaration Number:	
Due Date:	2/5/2024	Year - Period:	2024 - 04
		Tax Group:	TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72603-460	Supplies-Medical-WIC 460	MCKESSON-LANCET:	135.25			
			TA	0.00			
			Total:	135.25			

Entry No.: 10	MEDICAL SUPPLIES	Vendor:	MCKESSON MCKESSON MEDICAL-SURGIC/
Document Number:	INV# 21674349	Document Type:	Invoice
PO Number:	PO00000000000000001943	Document Date:	2/6/2024
Account Set:	ACTSET	Posting Date:	2/5/2024
Terms:	TERM T	Import Declaration Number:	
Due Date:	2/6/2024	Year - Period:	2024 - 05
		Tax Group:	TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72601-195	Supplies-EP ADM 195	MCKESSON-EMERGE	136.23			
			TA	0.00			
			Total:	136.23			

Entry No.: 11	VACCINE	Vendor:	MCKESSON MCKESSON MEDICAL-SURGIC/
Document Number:	INV# 21673192	Document Type:	Invoice
PO Number:	PO00000000000000001957	Document Date:	2/6/2024
Account Set:	ACTSET	Posting Date:	2/5/2024
Terms:	TERM T	Import Declaration Number:	
Due Date:	2/6/2024	Year - Period:	2024 - 05
		Tax Group:	TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72604-520	Supplies-Pharmaceutical-IMMS 520	MCKESSON-VACCINE	1,144.63			
			TA	0.00			
			Total:	1,144.63			

Entry No.: 12	OFFICE SUPPLIES	Vendor:	STAPLE STAPLES CONTRACT & COMMERIC
----------------------	-----------------	----------------	------------------------------------

A/P Batch Listing - Invoice (APIBTCLZ)

Document Number: INV# 8073106184
 PO Number: PO00000000000000001947
 Account Set: AC1
 Terms: DUEUBD T Due Date: 2/2/2024

Document Type: Invoice
 Document Date: 2/2/2024
 Import Declaration Number:

Remit-To: SADVAN STAPLES
 Posting Date: 1/31/2024

Year - Period: 2024 - 04
 Tax Group: TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72601-140	Supplies-ADM 140	STAPLES-KLEENEX	49.60			
			TA	0.00			
			Total:	<u>49.60</u>			

Entry No.: 13 OFFICE SUPPLIES

Vendor: AMAZON AMAZON CAPITAL SERVICES, INC

Document Number: INV# 1F3YQR6NM39W
 PO Number: PO00000000000000001948
 Account Set: AC1
 Terms: DUEUBD T Due Date: 2/6/2024

Document Type: Invoice
 Document Date: 2/6/2024
 Import Declaration Number:

Remit-To: CAPITA AMAZON CAPITAL SERVICES
 Posting Date: 2/2/2024

Year - Period: 2024 - 05
 Tax Group: TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72601-195	Supplies-EP ADM 195	AMAZON-EMERGENC	98.97			
			TA	0.00			
			Total:	<u>98.97</u>			

--- Batch Summary ---

Documents	
Total Invoices	8,399.41
Total Credit Notes	0.00
Total Debit Notes	0.00
Total Interest	0.00
Total for Batch I,157	<u>8,399.41</u>

T: Terms have been edited

13 entries printed

1 batch printed

APPROVED
TO
PAY
REPORT
#5

A/P Batch Listing - Invoice (APIBTCLZ)

From Batch Number [1158] To [1158]
From Batch Date [2/7/2024] To [2/7/2024]
Type [Entered, Imported, Generated, Recurring, External]
Status [Open, Ready To Post, Posted]
Reprint Previously Printed Batches [Yes]
Show Schedules [Yes]
Show Job Details [Yes]
Show Tax Details [Yes]
Show Comments [Yes]
Show Optional Fields [Yes]

Batch No.: 1158	Description: AP INVOICES FOR WEEK OF 2.5.2024	Total Amount: 99,567.68
Batch Date: 2/7/2024	Type: Entered	No. of Entries: 21
Last Edited: 2/7/2024	Status: Posted	

Entry No.: 1 HOTEL RESERVATIONS **Vendor:** DEBIT DEBIT CARD

Document Number: NACCHO HOTEL RES	Document Type: Invoice	Posting Date: 1/28/2024	Year - Period: 2024 - 04
Account Set: ACI	Document Date: 1/28/2024	Import Declaration Number:	Tax Group: TG
Terms: DUEUBD	Due Date: 1/28/2024		

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	71601-200	Travel-Other-Gen EH 200	DEBIT/BELAIR-NACC	448.00			
			TA	0.00			
			Total:	448.00			

Entry No.: 2 CREDIT **Vendor:** GSK GLAXOSMITHKLINE PHARMACEUTICA

Document Number: CM# 8269044705	Document Type: Credit Note	Posting Date: 1/26/2024	Year - Period: 2024 - 04
Account Set: ACTSET	Document Date: 1/26/2024	Import Declaration Number:	Tax Group: TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72604-520	Supplies-Pharmaceutical-IMMS 520	GSK-RETURNED VAC	-171.40			
			TA	0.00			
			Total:	-171.40			

Entry No.: 3 MEDICAL WASTE PICKUP FOR JAN **Vendor:** HNHS HOSPITAL NETWORK HEALTHCARE S

A/P Batch Listing - Invoice (APIBTCLZ)

Document Number: INV# 91122&91123 **Document Type:** Invoice
Document Date: 1/31/2024 **Posting Date:** 1/31/2024 **Year - Period:** 2024 - 04
Account Set: AC1 **Import Declaration Number:** **Tax Group:** TG
Terms: DUEUBD **Due Date:** 1/31/2024
1099 / CPRS Code: 6 **1099 / CPRS Amt.:** 90.00

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	71706-460	Contractual-WIC 460	HNHS-MEDICAL WAS	4.50			
			TA	0.00			
	71706-520	Contractual-IMMS 520	HNHS-MEDICAL WAS	40.50			
			TA	0.00			
	71706-460	Contractual-WIC 460	HNHS-MEDICAL WAS	4.50			
			TA	0.00			
	71706-520	Contractual-IMMS 520	HNHS-MEDICAL WAS	40.50			
			TA	0.00			
			Total:	<u>90.00</u>			

Entry No.: 4 ADD'T HEALTH INS FOR JAN **Vendor:** ECTREA EATON COUNTY TREASURER
Document Number: HEALTH INS JAN ADD'T **Document Type:** Invoice **Remit-To:** CONTRO EATON COUNTY
Document Date: 1/31/2024 **Posting Date:** 1/31/2024 **Year - Period:** 2024 - 04
Account Set: AC1 **Import Declaration Number:** **Tax Group:** TG
Terms: DUEUBD **Due Date:** 1/31/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	15000-000	Hlth Ins Self Funding-to Eaton Cty	EATON COUNTY-HEA	11,000.00			
			TA	0.00			
			Total:	<u>11,000.00</u>			

Entry No.: 5 HEALTH INS FOR FEB **Vendor:** ECTREA EATON COUNTY TREASURER
Document Number: HEALTH INS FOR FEB2024 **Document Type:** Invoice **Remit-To:** CONTRO EATON COUNTY
Document Date: 2/7/2024 **Posting Date:** 2/7/2024 **Year - Period:** 2024 - 05
Account Set: AC1 **Import Declaration Number:** **Tax Group:** TG
Terms: DUEUBD **Due Date:** 2/7/2024

A/P Batch Listing - Invoice (APIBTCLZ)

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	15000-000	Hlth Ins Self Funding-to Eaton Cty	EATON COUNTY-HEA TA	61,000.00 0.00			
			Total:	<u>61,000.00</u>			

Entry No.: 6 IT SUPPORT FOR FEB **Vendor:** ECTREA EATON COUNTY TREASURER
Document Number: IT SUPPORT FOR FEB2024 **Document Type:** Invoice **Remit-To:** CONTRO EATON COUNTY
Document Date: 2/7/2024 **Posting Date:** 2/7/2024 **Year - Period:** 2024 - 05
Account Set: AC1 **Import Declaration Number:** **Tax Group:** TG
Terms: DUEUBD **Due Date:** 2/7/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	71706-999	Contractual-999	EATON COUNTY-IT SU TA	10,833.33 0.00			
			Total:	<u>10,833.33</u>			

Entry No.: 7 WIC CONSULT FOR FEB **Vendor:** RGIELINCKI REAGAN GIELINCKI
Document Number: WIC CONSULT FEB2024 **Document Type:** Invoice **Posting Date:** 2/7/2024 **Year - Period:** 2024 - 05
Account Set: ACTSET **Import Declaration Number:** **Tax Group:** TG
Terms: TERM **Due Date:** 2/7/2024
1099 / CPRS Code: 7 **1099 / CPRS Amt.:** 1,690.00

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	71706-459	Contractual- WIC Breastfeeding 459	R GIELINKCI-WIC CO TA	422.50 0.00			
	71706-441	Contractual-MCH 441	R GIELINKCI-BABY C TA	1,267.50 0.00			
			Total:	<u>1,690.00</u>			

Entry No.: 8 POSTAGE RESERVE **Vendor:** PITNEY PITNEY BOWES GLOBAL FINANCIAL
Document Number: ACCT# 46896098-FEB **Document Type:** Invoice **Remit-To:** RESERV RESERVE ACCOUNT
Document Date: 2/7/2024 **Posting Date:** 2/7/2024 **Year - Period:** 2024 - 05
Account Set: AC2 **Import Declaration Number:** **Tax Group:** TG

A/P Batch Listing - Invoice (APIBTCLZ)

Terms: DUEUBD Due Date: 2/7/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	12200-001	Prepaid Exp-Barry/Eaton Postage	PITNEY BOWES-RESE TA	2,000.00 0.00			
			Total:	<u>2,000.00</u>			

Entry No.: 9 LEGAL FEES FOR JAN Vendor: ABBOTTNICHOL ABBOTT NICHOLSON, PC
 Document Number: INV# 239573 Document Type: Invoice Posting Date: 1/29/2024 Year - Period: 2024 - 04
 Account Set: ACTSET Document Date: 1/29/2024 Import Declaration Number: Tax Group: TG
 Terms: DUEUBD Due Date: 1/29/2024 1099 / CPRS Code: 14 1099 / CPRS Amt.: 165.00

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	71706-140	Contractual-ADM 140	ABBOTT NICHOLSON TA	165.00 0.00			
			Total:	<u>165.00</u>			

Entry No.: 10 POSTAGE METER SUPPLIES Vendor: PITNEY PITNEY BOWES GLOBAL FINANCIAL
 Document Number: INV# 1024736372 Document Type: Invoice Remit-To: SUPPLY PITNEY BOWES INC.
 Account Set: AC2 Document Date: 2/2/2024 Posting Date: 2/2/2024 Year - Period: 2024 - 05
 Terms: DUEUBD Due Date: 2/2/2024 Import Declaration Number: Tax Group: TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72601-140	Supplies-ADM 140	PITNEY BOWES-INK (C TA	91.29 0.00			
			Total:	<u>91.29</u>			

Entry No.: 11 CONFERENCE REGISTRATION Vendor: NACCHO NATIONAL ASSOCIATION OF COUNTIES
 Document Number: INV#374894 Document Type: Invoice Remit-To: 79197 NACCHO
 Account Set: AC1 Document Date: 2/7/2024 Posting Date: 2/7/2024 Year - Period: 2024 - 05
 Import Declaration Number: Tax Group: TG

A/P Batch Listing - Invoice (APIBTCLZ)

Terms: DUEUBD Due Date: 2/7/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	93100-143	Training/Conferences-C19V ADM 14	NACCHO-CONFEREN	675.00			
			TA	0.00			
			Total:	<u>675.00</u>			

Entry No.: 12 EH REFUND Vendor: KELLERJOE JOE KELLER

Document Number: REFUND Document Type: Invoice Posting Date: 1/30/2024 Year - Period: 2024 - 04
 Account Set: ACTSET Document Date: 1/30/2024 Import Declaration Number: Tax Group: TG
 Terms: TERM Due Date: 1/30/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	60008-235	Site Evaluation Fees-On-Site Sewage	J KELLER-SITE EVLU.	287.00			
			TA	0.00			
			Total:	<u>287.00</u>			

Entry No.: 13 DENTAL CLAIMS FOR JAN Vendor: DELDEN DELTA DENTAL PLAN OF MICHIGA

Document Number: INV# ASO0000542467 Document Type: Invoice Remit-To: 16082 DELTA DENTAL Posting Date: 1/31/2024 Year - Period: 2024 - 04
 Account Set: AC1 Document Date: 1/31/2024 Import Declaration Number: Tax Group: TG
 Terms: DUEUBD Due Date: 1/31/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	25555-000	LIABILITY-DENTAL SELF FUNDIN	DELTA DENTAL-DEN7	6,558.74			
			TA	0.00			
			Total:	<u>6,558.74</u>			

Entry No.: 14 VISION PREM FOR FEB Vendor: VSP VISION SERVICE PLAN INSURANCE COI

Document Number: INV# 819808839 Document Type: Invoice Remit-To: VSP VSP INSURANCE CO. (CT) Posting Date: 2/7/2024 Year - Period: 2024 - 05
 Account Set: AC2 Document Date: 2/7/2024 Import Declaration Number: Tax Group: TG
 Terms: DUEUBD Due Date: 2/7/2024

A/P Batch Listing - Invoice (APIBTCLZ)

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	12200-004	Prepaid Exp-Insurances	VSP-VISION PREMIUM	1,728.17			
			TA	0.00			
			Total:	<u>1,728.17</u>			

Entry No.: 15 **ADVERTISING** **Vendor:** TCJ THE COUNTY JOURNAL, INC.
Document Number: INV#268800&268799 **Document Type:** Invoice **Posting Date:** 1/31/2024 **Year - Period:** 2024 - 04
Account Set: AC1 **Document Date:** 1/31/2024 **Import Declaration Number:** **Tax Group:** TG
Terms: DUEUBD **Due Date:** 1/31/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	90000-520	Outreach Materials-IMMS 520	THE COUNTY JOURN	246.00			
			TA	0.00			
	90000-190	Outreach Materials-PPE 190	THE COUNTY JOURN	246.00			
			TA	0.00			
			Total:	<u>492.00</u>			

Entry No.: 16 **FUEL FOR JAN** **Vendor:** WEX WEX BANK
Document Number: INV# 94995213 **Document Type:** Invoice **Posting Date:** 1/31/2024 **Year - Period:** 2024 - 04
Account Set: ACTSET **Document Date:** 1/31/2024 **Import Declaration Number:** **Tax Group:** TG
Terms: TERM **Due Date:** 1/31/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	71601-140	Travel-Other-ADM 140	WEX-FUEL FOR JAN	39.09			
			TA	0.00			
	71601-144	Travel-Other- OD2A ADM 144	WEX-FUEL FOR JAN	8.22			
			TA	0.00			
	71601-190	Travel-Other-PPE 190	WEX-FUEL FOR JAN	30.97			
			TA	0.00			
	71601-200	Travel-Other-Gen EH 200	WEX-FUEL FOR JAN	82.71			
			TA	0.00			

A/P Batch Listing - Invoice (APIBTCLZ)

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	71601-215	Travel-Other-Food 215	WEX-FUEL FOR JAN TA	258.80 0.00			
	71601-220	Travel-Other-Shelter/Recreation 220	WEX-FUEL FOR JAN TA	3.54 0.00			
	71601-225	Travel-Other-Foster Care 225	WEX-FUEL FOR JAN TA	9.28 0.00			
	71601-235	Travel-Other-On-Site Sewage 235	WEX-FUEL FOR JAN TA	215.28 0.00			
	71601-240	Travel-Other-Drinking Water 240	WEX-FUEL FOR JAN TA	110.80 0.00			
	71601-245	Travel-Other-Non-Community Water	WEX-FUEL FOR JAN TA	10.96 0.00			
	71601-249	Travel-Other-Surface Water Monitori	WEX-FUEL FOR JAN TA	1.94 0.00			
	71601-252	Travel-Other-Property Change 252	WEX-FUEL FOR JAN TA	12.07 0.00			
	71601-290	Travel-Other-EH Community Service	WEX-FUEL FOR JAN TA	0.89 0.00			
	71601-295	Travel-Other-EP EH 295	WEX-FUEL FOR JAN TA	1.45 0.00			
	71601-400	Travel-Other-Gen PH 400	WEX-FUEL FOR JAN TA	14.16 0.00			
	71601-442	Travel-Other-C19 PH 442	WEX-FUEL FOR JAN TA	0.87 0.00			
	71601-443	Travel-Other-C19V PH 443	WEX-FUEL FOR JAN TA	5.46 0.00			
	71601-460	Travel-Other-WIC 460	WEX-FUEL FOR JAN TA	31.79 0.00			
	71601-461	Travel-Other-Clinic Health Services/1	WEX-FUEL FOR JAN TA	4.57 0.00			
	71601-462	Travel-Other-STD 462	WEX-FUEL FOR JAN TA	4.88 0.00			
	71601-466	Travel-Other-HIV 466	WEX-FUEL FOR JAN TA	3.92 0.00			
	71601-470	Travel-Other-MedOut PH 470	WEX-FUEL FOR JAN	1.91			

A/P Batch Listing - Invoice (APIBTCLZ)

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
			TA	0.00			
	71601-480	Travel-Other-MCRH 480	WEX-FUEL FOR JAN	0.02			
			TA	0.00			
	71601-520	Travel-Other-IMMS 520	WEX-FUEL FOR JAN	41.73			
			TA	0.00			
	71601-530	Travel-Other-CD 530	WEX-FUEL FOR JAN	20.45			
			TA	0.00			
	71601-540	Travel-Other-CSHCS 540	WEX-FUEL FOR JAN	1.77			
			TA	0.00			
	71601-568	Travel-Other-Vision 568	WEX-FUEL FOR JAN	16.04			
			TA	0.00			
	71601-569	Travel-Other-Hearing 569	WEX-FUEL FOR JAN	17.38			
			TA	0.00			
	71601-595	Travel-Other-EP PH 595	WEX-FUEL FOR JAN	0.92			
			TA	0.00			
			Total:	<u>951.87</u>			

Entry No.: 17 YOGA LUNCH & LEARN Vendor: REYNAM MONCIA REYNA

Document Number: INV# 2 Document Type: Invoice Posting Date: 1/26/2024 Year - Period: 2024 - 04

Account Set: ACTSET Document Date: 1/26/2024 Import Declaration Number: Tax Group: TG

Terms: TERM Due Date: 1/26/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	35001-000	Wellness-IST Team funds	M REYNA-YOGA LUN	50.00			
			TA	0.00			
			Total:	<u>50.00</u>			

Entry No.: 18 PHONE CHARGES FOR FEB Vendor: TELNET TELNET WORLDWIDE, INC.

Document Number: INV# 43469 Document Type: Invoice Remit-To: DEARBO TELNET WORLDWIDE Posting Date: 2/1/2024 Year - Period: 2024 - 05

Account Set: AC1 Document Date: 2/1/2024 Import Declaration Number: Tax Group: TG

Terms: DUEUBD Duc Date: 2/1/2024

A/P Batch Listing - Invoice (APIBTCLZ)

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	93301-140	Telephone-ADM 140	TELNET-PHONE CHAI	981.73			
			TA	0.00			
	93301-195	Telephone-EP ADM 195	TELNET-PHONE CHAI	81.81			
			TA	0.00			
			Total:	<u>1,063.54</u>			

Entry No.: 19 SHREDDING FOR JAN **Vendor:** SHRED SHRED-IT
Document Number: INV# 8006059531 **Document Type:** Invoice **Remit-To:** CHICAG STERICYCLE INC
Document Date: 1/31/2024 **Posting Date:** 1/31/2024 **Year - Period:** 2024 - 04
Account Set: AC1 **Import Declaration Number:** **Tax Group:** TG
Terms: DUEUBD **Due Date:** 1/31/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	71706-140	Contractual-ADM 140	SHREDIT-SHREDDINC	340.72			
			TA	0.00			
			Total:	<u>340.72</u>			

Entry No.: 20 ANSWERING SERV FOR JAN **Vendor:** AMBS AMBS MESSAGE CENTER, INC.
Document Number: INV# 240100397 **Document Type:** Invoice **Posting Date:** 1/31/2024 **Year - Period:** 2024 - 04
Account Set: AC1 **Import Declaration Number:** **Tax Group:** TG
Terms: DUEUBD **Due Date:** 1/31/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	71706-140	Contractual-ADM 140	AMBS-ANSWERING S	64.12			
			TA	0.00			
			Total:	<u>64.12</u>			

Entry No.: 21 MAINTNANCE ON THE RO SYSTEM **Vendor:** BESCO BESCO WATER TREATMENT, INC.
Document Number: INV# 4249613 **Document Type:** Invoice **Posting Date:** 1/25/2024 **Year - Period:** 2024 - 04
Account Set: AC1 **Import Declaration Number:** **Tax Group:** TG
Terms: DUEUBD **Due Date:** 1/25/2024

A/P Batch Listing - Invoice (APIBTCLZ)

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72601-140	Supplies-ADM 140	BESCO-MAINT ON RC	210.30			
			TA	0.00			
			Total:	<u>210.30</u>			

--- Batch Summary ---

Documents	
Total Invoices	99,739.08
Total Credit Notes	-171.40
Total Debit Notes	0.00
Total Interest	0.00
Total for Batch 1,158	<u>99,567.68</u>

21 entries printed
1 batch printed

APPROVED
TO
PAY
REPORT
#6

A/P Batch Listing - Invoice (APIBTCLZ)

From Batch Number [1159] To [1159]
From Batch Date [2/14/2024] To [2/14/2024]
Type [Entered, Imported, Generated, Recurring, External]
Status [Open, Ready To Post, Posted]
Reprint Previously Printed Batches [Yes]
Show Schedules [Yes]
Show Job Details [Yes]
Show Tax Details [Yes]
Show Comments [Yes]
Show Optional Fields [Yes]

Batch No.: 1159 **Description:** PO INVOICES FOR WEEK OF 2.12.2024 **Total Amount:** 373.19
Batch Date: 2/14/2024 **Type:** External **Source Application:** PO **No. of Entries:** 4
Last Edited: 2/14/2024 **Status:** Posted

Entry No.: 1 OFFICE SUPPLIES **Vendor:** SETON SETON
Document Number: INV# 9355411602 **Document Type:** Invoice **Remit-To:** SETON seton
PO Number: PO00000000000000001953 **Document Date:** 2/14/2024 **Posting Date:** 2/12/2024 **Year - Period:** 2024 - 05
Account Set: ACI **Import Declaration Number:** **Tax Group:** TG
Terms: DUEUBD T **Due Date:** 2/14/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72601-140	Supplies-ADM 140	SETON-ASSET TAGS	290.30			
			TA	0.00			
			Total:	<u>290.30</u>			

Entry No.: 2 OFFICE SUPPLIES **Vendor:** AMAZON AMAZON CAPITAL SERVICES, INC
Document Number: INV 1VDYVQCMPFDV **Document Type:** Invoice **Remit-To:** CAPITA AMAZON CAPITAL SERVICES
PO Number: PO00000000000000001952 **Document Date:** 2/13/2024 **Posting Date:** 2/12/2024 **Year - Period:** 2024 - 05
Account Set: ACI **Import Declaration Number:** **Tax Group:** TG
Terms: DUEUBD T **Due Date:** 2/13/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72601-520	Supplies-IMMS 520	AMAZON-COLORED I	9.44			
			TA	0.00			
	72601-460	Supplies-WIC 460	AMAZON-COLORED I	9.45			
			TA	0.00			

A/P Batch Listing - Invoice (APIBTCLZ)

Total: 18.89

Entry No.: 3 OFFICE SUPPLIES **Vendor:** AMAZON AMAZON CAPITAL SERVICES, INC
Document Number: INV# 1MV1HKJNFYFL **Document Type:** Invoice **Remit-To:** CAPITA AMAZON CAPITAL SERVICES
PO Number: PO00000000000000001952 **Document Date:** 2/7/2024 **Posting Date:** 2/10/2024 **Year - Period:** 2024 - 05
Account Set: ACI **Import Declaration Number:** **Tax Group:** TG
Terms: DUEUBD T **Due Date:** 2/7/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72601-520	Supplies-IMMS 520	AMAZON-PACKING T	6.99			
			TA	0.00			
			Total:	<u>6.99</u>			

Entry No.: 4 AMAZON **Vendor:** AMAZON AMAZON CAPITAL SERVICES, INC
Document Number: INV 1CNW4TDXGLQG **Document Type:** Invoice **Remit-To:** CAPITA AMAZON CAPITAL SERVICES
PO Number: PO00000000000000001951 **Document Date:** 2/7/2024 **Posting Date:** 2/6/2024 **Year - Period:** 2024 - 05
Account Set: ACI **Import Declaration Number:** **Tax Group:** TG
Terms: DUEUBD T **Due Date:** 2/7/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72601-200	Supplies-Gen EH 200	AMAZON-RECEIVED	33.90			
			TA	0.00			
	72601-460	Supplies-WIC 460	AMAZON-POSTER FR	23.11			
			TA	0.00			
			Total:	<u>57.01</u>			

--- Batch Summary ---

Documents	
Total Invoices	373.19
Total Credit Notes	0.00
Total Debit Notes	0.00
Total Interest	0.00
Total for Batch 1,159	<u>373.19</u>

APPROVED
TO
PAY
REPORT
#7

A/P Batch Listing - Invoice (APIBTCLZ)

From Batch Number [1160] To [1160]
From Batch Date [2/14/2024] To [2/14/2024]
Type [Entered, Imported, Generated, Recurring, External]
Status [Open, Ready To Post, Posted]
Reprint Previously Printed Batches [Yes]
Show Schedules [Yes]
Show Job Details [Yes]
Show Tax Details [Yes]
Show Comments [Yes]
Show Optional Fields [Yes]

Batch No.: 1160	Description: AP INVOICES FOR WEEK OF 2.12.2024	Total Amount: 33,570.26
Batch Date: 2/14/2024	Type: Entered	Source Application: AP
Last Edited: 2/14/2024	Status: Posted	No. of Entries: 17

Entry No.: 1	OFFICE REMODEL	Vendor: HAWORTH HAWORTH, INC.
Document Number: INV# 3001871324	Document Type: Invoice	Remit-To: HAWORT HAWORTH, INC.
	Document Date: 2/7/2024	Posting Date: 2/7/2024
Account Set: ACTSET	Import Declaration Number:	Year - Period: 2024 - 05
Terms: TERM	Due Date: 2/7/2024	Tax Group: TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	71706-140	Contractual-ADM 140	HAWORTH-OFFICE 11	321.02			
			TA	0.00			
			Total:	<u>321.02</u>			

Entry No.: 2	LIFE & STD PREMIUM FOR MARCH	Vendor: DEARBORNNAT DEARBORN NATIONAL LIFE
Document Number: ACCT#EAB2G00114-MARCH	Document Type: Invoice	Remit-To: EAGLEW DEARBORN NATIONAL LIFE INSURANCE COMPANY
	Document Date: 2/14/2024	Posting Date: 2/14/2024
Account Set: ACTSET	Import Declaration Number:	Year - Period: 2024 - 05
Terms: TERM	Due Date: 2/14/2024	Tax Group: TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	12200-004	Prepaid Exp-Insurances	DEARBORN-LIFE & S	2,143.15			
			TA	0.00			
			Total:	<u>2,143.15</u>			

A/P Batch Listing - Invoice (APIBTCLZ)

Entry No.: 3 MONTHLY SOFTWARE SUPPORT Vendor: DIMAGI DIMAGI INC

Document Number: INV# VOT-000733 Document Type: Invoice Posting Date: 2/5/2024 Year - Period: 2024 - 05
 Document Date: 2/5/2024 Tax Group: TG
 Account Set: ACTSET Import Declaration Number:
 Terms: TERM Due Date: 2/5/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	71706-530	Contractual-CD 530	DIMAGI-SOFTWARE S	75.00			
			TA	0.00			
			Total:	<u>75.00</u>			

Entry No.: 4 WATER TESTING Vendor: GUNLAKESEWER GUN LAKE AREA SEWER

Document Number: INV 2376 Document Type: Invoice Posting Date: 1/31/2024 Year - Period: 2024 - 04
 Document Date: 1/31/2024 Tax Group: TG
 Account Set: ACTSET Import Declaration Number:
 Terms: TERM Due Date: 1/31/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	89800-225	Lab Fees-Foster Care 225	GUN LAKE SEWER-B.	200.00			
			TA	0.00			
			Total:	<u>200.00</u>			

Entry No.: 5 TRANSLOTERS FOR JAN Vendor: VOICES VOICES FOR HEALTH INC

Document Number: INV 96654 Document Type: Invoice Remit-To: VOICES VOICES FOR HEALTH
 Document Date: 1/31/2024 Posting Date: 1/31/2024 Year - Period: 2024 - 04
 Account Set: AC1 Import Declaration Number: Tax Group: TG
 Terms: DUEUBD Due Date: 1/31/2024

1099 / CPRS Code: 6 1099 / CPRS Amt.: 80.00

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	71706-480	Contractual-MCRH 480	VOICES FOR HEALTH	19.20			
			TA	0.00			
	71706-460	Contractual-WIC 460	VOICES FOR HEALTH	60.80			
			TA	0.00			

A/P Batch Listing - Invoice (APIBTCLZ)

Total: 80.00

Entry No.: 6	CELL PHONE CHARGES FOR JAN	Vendor:	VERIZO VERIZON WIRELESS		
Document Number:	INV 9955647045	Document Type:	Invoice	Remit-To:	VERIZO VERIZON WIRELESS
Account Set:	AC1	Document Date:	1/31/2024	Posting Date:	1/31/2024
Terms:	DUEUBD	Due Date:	1/31/2024	Year - Period:	2024 - 04
		Import Declaration Number:		Tax Group:	TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	93302-140	Cellular-ADM 140	VOICES FOR HEALTH	128.49			
			TA	0.00			
	93302-190	Cellular-PPE 190	VOICES FOR HEALTH	52.36			
			TA	0.00			
	93302-195	Cellular-EP ADM 195	VOICES FOR HEALTH	306.24			
			TA	0.00			
	93302-200	Cellular-Gen EH 200	VOICES FOR HEALTH	125.87			
			TA	0.00			
	93302-245	Cellular-Non-Community Water Type	VOICES FOR HEALTH	48.41			
			TA	0.00			
	93302-400	Cellular-Gen PH 400	VOICES FOR HEALTH	63.58			
			TA	0.00			
	93302-459	Cellular-WIC Breastfeeding 459	VOICES FOR HEALTH	52.36			
			TA	0.00			
	93302-480	Cellular-MCRH 480	VOICES FOR HEALTH	116.17			
			TA	0.00			
	93302-520	Cellular-IMMS 520	VOICES FOR HEALTH	288.47			
			TA	0.00			
	93302-530	Cellular-CD 530	VOICES FOR HEALTH	139.08			
			TA	0.00			
	93302-540	Cellular-CSCHS 540	VOICES FOR HEALTH	63.76			
			TA	0.00			
	93302-568	Cellular-Vision 568	VOICES FOR HEALTH	24.20			
			TA	0.00			
	93302-569	Cellular-Hearing 569	VOICES FOR HEALTH	24.21			
			TA	0.00			
			Total:	<u>1,433.20</u>			

A/P Batch Listing - Invoice (APIBTCLZ)

Entry No.: 7 EMPLOYEE MEDICAL TESTING **Vendor:** SPARRO SPARROW
Document Number: INV# 65774,66318,64152 **Document Type:** Invoice **Remit-To:** OCCUP SPARROW OCCUPATIONAL HEALTH
Document Date: 1/31/2024 **Posting Date:** 1/31/2024 **Year - Period:** 2024 - 04
Account Set: ACI **Import Declaration Number:** **Tax Group:** TG
Terms: DUEUBD **Due Date:** 1/31/2024
1099 / CPRS Code: 6 **1099 / CPRS Amt.:** 195.00

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	84100-140	Medical Services-ADM 140	SPARROW-RESIRATO	65.00			
			TA	0.00			
	84100-200	Medical Services-Gen EH 200	SPARROW-RESIRATO	65.00			
			TA	0.00			
	84100-400	Medical Services-Gen PH 400	SPARROW-RESIRATO	65.00			
			TA	0.00			
			Total:	<u>195.00</u>			

Entry No.: 8 PLANT MAINT FOR JAN **Vendor:** SORREN ROBIN SORRENTINO
Document Number: PLANT MAINT JAN2024 **Document Type:** Invoice
Document Date: 1/31/2024 **Posting Date:** 1/31/2024 **Year - Period:** 2024 - 04
Account Set: ACI **Import Declaration Number:** **Tax Group:** TG
Terms: DUEUBD **Due Date:** 1/31/2024
1099 / CPRS Code: 7 **1099 / CPRS Amt.:** 160.00

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	71706-140	Contractual-ADM 140	R SORRENTINO-PLAN	160.00			
			TA	0.00			
			Total:	<u>160.00</u>			

Entry No.: 9 HR SUPPORT FOR FEB **Vendor:** PEOPLEMATTER PEOPLE MATTER LLC
Document Number: INV 1205 **Document Type:** Invoice **Remit-To:** PEOPLE PEOPLE MATTERS, LLC
Document Date: 1/31/2024 **Posting Date:** 1/31/2024 **Year - Period:** 2024 - 04
Account Set: ACTSET **Import Declaration Number:** **Tax Group:** TG
Terms: TERM **Due Date:** 1/31/2024
1099 / CPRS Code: 7 **1099 / CPRS Amt.:** 11,060.20

A/P Batch Listing - Invoice (APIBTCLZ)

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	71706-140	Contractual-ADM 140	PEOPLE MATTERS-HI TA	6,800.00 0.00			
	71706-140	Contractual-ADM 140	PEOPLE MATTERS-PC TA	561.00 0.00			
	93100-143	Training/Conferences-C19V ADM 14	PEOPLE MATTERS-M TA	1,200.00 0.00			
	71706-140	Contractual-ADM 140	PEOPLE MATTERS-PR TA	2,499.20 0.00			
			Total:	<u>11,060.20</u>			

Entry No.: 10 **FLEET LEASE FOR FEB** **Vendor:** ENTERPRISE ENTERPRISE FLEET MGMT
Document Number: INV# 602245-020424 **Document Type:** Invoice **Remit-To:** 800089 ENTERPRISE FLEET MGMT CUST BILLING
Document Date: 2/14/2024 **Posting Date:** 2/14/2024 **Year - Period:** 2024 - 05
Account Set: ACTSET **Import Declaration Number:** **Tax Group:** TG
Terms: TERM **Due Date:** 2/14/2024
1099 / CPRS Code: 7 **1099 / CPRS Amt.:** 10,419.91

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	93901-999	Leases - 999	ENTERPRISE-LEASE C TA	10,419.91 0.00			
			Total:	<u>10,419.91</u>			

Entry No.: 11 **EMPLOYEE MEDICAL EXPENSES** **Vendor:** SHPCP SPECTRUM HEALTH PRIMARY CARE
Document Number: INV# 804495 & 804562 **Document Type:** Invoice **Remit-To:** COREWE COREWELL HEALTH
Document Date: 1/31/2024 **Posting Date:** 1/31/2024 **Year - Period:** 2024 - 04
Account Set: AC1 **Import Declaration Number:** **Tax Group:** TG
Terms: DUEUBD **Due Date:** 1/31/2024
1099 / CPRS Code: 6 **1099 / CPRS Amt.:** 120.00

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	84100-400	Medical Services-Gen PH 400	COREWELL-RESPIRA TA	60.00 0.00			
	84100-200	Medical Services-Gen EH 200	COREWELL-RESPIRA	60.00			

A/P Batch Listing - Invoice (APIBTCLZ)

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
			TA	0.00			
			Total:	120.00			

Entry No.: 12 BACKGROUND CHECKS FOR JAN **Vendor:** COMPUFACT COMPU-FACT RESEARCH, INC

Document Number: INV# 55793 **Document Type:** Invoice **Posting Date:** 1/31/2024 **Year - Period:** 2024 - 04

Account Set: ACTSET **Document Date:** 1/31/2024 **Import Declaration Number:** **Tax Group:** TG

Terms: TERM **Due Date:** 1/31/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	71706-400	Contractual-Gen PH 400	COMPUFACT-BACKG	30.00			
			TA	0.00			
	71706-444	Contractual-OD2A PH 444	COMPUFACT-BACKG	30.00			
			TA	0.00			
			Total:	60.00			

Entry No.: 13 QUARTERLY COPIER MAINT **Vendor:** APPLIEDIMAG LOWERY CORP

Document Number: INV# 2422651 **Document Type:** Invoice **Remit-To:** CHICAG APPLIED INNOVATION **Posting Date:** 2/5/2024 **Year - Period:** 2024 - 05

Account Set: ACTSET **Document Date:** 2/5/2024 **Import Declaration Number:** **Tax Group:** TG

Terms: TERM **Due Date:** 2/5/2024

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	71706-140	Contractual-ADM 140	APPLIED INNOVATION	1,298.67			
			TA	0.00			
			Total:	1,298.67			

Entry No.: 14 WORKERS COMP FOR MARCH **Vendor:** ACCIDE ACCIDENT FUND INS CO OF AMER

Document Number: INV# 1001098444 **Document Type:** Invoice **Remit-To:** CHICAG ACCIDENT FUND **Posting Date:** 2/14/2024 **Year - Period:** 2024 - 05

Account Set: ACI **Document Date:** 2/14/2024 **Import Declaration Number:** **Tax Group:** TG

Terms: DUEUBD **Due Date:** 2/14/2024

A/P Batch Listing - Invoice (APIBTCLZ)

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	12200-003	Prepaid Exp-Workers Comp	ACCIDENT FUND-WO TA	1,927.80 0.00			
			Total:	<u>1,927.80</u>			

Entry No.: 15 SOFTWARE SUPPORT FOR FEB **Vendor:** KRONOS KRONOS SAASHR INCORPORATEE

Document Number: INV# 12202641 **Document Type:** Invoice **Remit-To:** UKG UKG KRONOS SYSTEMS, LLC

Account Set: AC1 **Document Date:** 2/8/2024 **Posting Date:** 2/8/2024 **Year - Period:** 2024 - 05

Terms: DUEUBD **Due Date:** 2/8/2024 **Import Declaration Number:** **Tax Group:** TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	71706-999	Contractual-999	KRONOS/UKG-SOFTW TA	1,806.31 0.00			
			Total:	<u>1,806.31</u>			

Entry No.: 16 CONFERENCE REG **Vendor:** NACCHO NATIONAL ASSOCIATION OF COUN

Document Number: I#375268,375263,375231 **Document Type:** Invoice **Remit-To:** 79197 NACCHO

Account Set: AC1 **Document Date:** 2/14/2024 **Posting Date:** 2/14/2024 **Year - Period:** 2024 - 05

Terms: DUEUBD **Due Date:** 2/14/2024 **Import Declaration Number:** **Tax Group:** TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	93100-143	Training/Conferences-C19V ADM 14	NACCHO-CONFEREN TA	2,220.00 0.00			
			Total:	<u>2,220.00</u>			

Entry No.: 17 CONFREG **Vendor:** MPHI MICHIGAN PUBLIC HEALTH INSTITUT

Document Number: CONF#1039652 **Document Type:** Invoice **Remit-To:** CRHOP MICHIGAN PUBLIC HEALTH INSTITUTE

Account Set: AC1 **Document Date:** 1/31/2024 **Posting Date:** 1/31/2024 **Year - Period:** 2024 - 04

Terms: DUEUBD **Due Date:** 1/31/2024 **Import Declaration Number:** **Tax Group:** TG

1099 / CPRS Code: 6 **1099 / CPRS Amt.:** 50.00

A/P Batch Listing - Invoice (APIBTCLZ)

<u>Distribution Code</u>	<u>G/L Account</u>	<u>Account Description</u>	<u>Detail Desc/ Tax Auth</u>	<u>Net Dist. Amt.</u>	<u>Allocated Tax</u>	<u>Est. Tax Withheld</u>	<u>Rev Charge</u>
	93100-190	Training/Conferences-PPE 190	MPHI-CONFERENCE 1	50.00			
			TA	0.00			
			Total:	<u>50.00</u>			

--- Batch Summary ---

<u>Documents</u>	
Total Invoices	33,570.26
Total Credit Notes	0.00
Total Debit Notes	0.00
Total Interest	0.00
Total for Batch 1,160	<u>33,570.26</u>

17 entries printed

1 batch printed

APPROVED
TO
PAY
REPORT
#8

A/P Batch Listing - Invoice (APIBTCLZ)

From Batch Number [1161] To [1161]
From Batch Date [2/21/2024] To [2/21/2024]
Type [Entered, Imported, Generated, Recurring, External]
Status [Open, Ready To Post, Posted]
Reprint Previously Printed Batches [Yes]
Show Schedules [Yes]
Show Job Details [Yes]
Show Tax Details [Yes]
Show Comments [Yes]
Show Optional Fields [Yes]

Batch No.: 1161	Description: PO INVOICES FOR WEEK OF 02.19.2024	Total Amount: 380.34
Batch Date: 2/21/2024	Type: External	Source Application: PO
Last Edited: 2/21/2024	Status: Posted	No. of Entries: 3

Entry No.: 1	OFFICE SUPPLIES	Vendor: AMAZON AMAZON CAPITAL SERVICES, INC
Document Number: INV# 1TLXC37X6XFL	Document Type: Invoice	Remit-To: CAPITA AMAZON CAPITAL SERVICES
PO Number: PO00000000000000001959	Document Date: 2/14/2024	Posting Date: 2/14/2024
Account Set: AC1	Import Declaration Number:	Year - Period: 2024 - 05
Terms: DUEUBD T	Due Date: 2/14/2024	Tax Group: TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72601-140	Supplies-ADM 140	AMAZON-DOCKING S	49.99			
			TA	0.00			
			Total:	49.99			

Entry No.: 2	MEDICAL SUPPLIES	Vendor: MCKESSON MCKESSON MEDICAL-SURGICAL
Document Number: INV# 21708512	Document Type: Invoice	Remit-To: 936279 MCKESSON MEDICAL-SURGICAL
PO Number: PO00000000000000001960	Document Date: 2/14/2024	Posting Date: 2/13/2024
Account Set: ACTSET	Import Declaration Number:	Year - Period: 2024 - 05
Terms: TERM T	Due Date: 2/14/2024	Tax Group: TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72603-520	Supplies-Medical-IMMS 520	MCKESSONSAFETYG	185.10			
			TA	0.00			
			Total:	185.10			

A/P Batch Listing - Invoice (APIBTCLZ)

Entry No.: 3	MEDICAL SUPPLIES	Vendor:	MCKESSON MCKESSON MEDICAL-SURGICA
Document Number:	INV# 21708879	Document Type:	Invoice
PO Number:	PO00000000000000000001961	Document Date:	2/14/2024
Account Set:	ACTSET	Posting Date:	2/13/2024
Terms:	TERM T	Import Declaration Number:	
Due Date:	2/14/2024	Year - Period:	2024 - 05
		Tax Group:	TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72603-520	Supplies-Medical-IMMS 520	MCKESSON-SAFETYC	145.25			
			TA	0.00			
			Total:	145.25			

--- Batch Summary ---

Documents	
Total Invoices	380.34
Total Credit Notes	0.00
Total Debit Notes	0.00
Total Interest	0.00
Total for Batch 1,161	380.34

T: Terms have been edited

3 entries printed

1 batch printed

APPROVED
TO
PAY
REPORT
#9

A/P Batch Listing - Invoice (APIBTCLZ)

From Batch Number [1162] To [1162]
From Batch Date [2/21/2024] To [2/21/2024]
Type [Entered, Imported, Generated, Recurring, External]
Status [Open, Ready To Post, Posted]
Reprint Previously Printed Batches [Yes]
Show Schedules [Yes]
Show Job Details [Yes]
Show Tax Details [Yes]
Show Comments [Yes]
Show Optional Fields [Yes]

Batch No.: 1162	Description: AP INVOICES FOR WEEK OF 02.19.2024	Total Amount: 14,681.29
Batch Date: 2/21/2024	Type: Entered	Source Application: AP
Last Edited: 2/21/2024	Status: Posted	No. of Entries: 11

Entry No.: 1	DENTAL FOR MARCH	Vendor: DELDEN DELTA DENTAL PLAN OF MICHIGA
Document Number: INV# CAP0001735929	Document Type: Invoice	Remit-To: 16082 DELTA DENTAL
Account Set: AC1	Document Date: 2/21/2024	Posting Date: 2/21/2024
Terms: DUEUBD	Due Date: 2/21/2024	Year - Period: 2024 - 05
	Import Declaration Number:	Tax Group: TG

<u>Distribution Code</u>	<u>G/L Account</u>	<u>Account Description</u>	<u>Detail Desc/ Tax Auth</u>	<u>Net Dist. Amt.</u>	<u>Allocated Tax</u>	<u>Est. Tax Withheld</u>	<u>Rev Charge</u>
	12200-004	Prepaid Exp-Insurances	DELTA DENTAL-DEN1	396.50			
			TA	0.00			
			Total:	<u>396.50</u>			

Entry No.: 2	ROOM RENTAL	Vendor: LEPFA LANSING ENTERTAINMENT & PUBLIC
Document Number: INV# 0029469-IN	Document Type: Invoice	Posting Date: 2/21/2024
Account Set: ACTSET	Document Date: 2/21/2024	Year - Period: 2024 - 05
Terms: TERM	Due Date: 2/21/2024	Tax Group: TG
	Import Declaration Number:	

<u>Distribution Code</u>	<u>G/L Account</u>	<u>Account Description</u>	<u>Detail Desc/ Tax Auth</u>	<u>Net Dist. Amt.</u>	<u>Allocated Tax</u>	<u>Est. Tax Withheld</u>	<u>Rev Charge</u>
	93900-184	Rentals-SDOH 184	LANSING CENTER-RC	3,040.75			
			TA	0.00			
			Total:	<u>3,040.75</u>			

A/P Batch Listing - Invoice (APIBTCLZ)

Entry No.:	3	LICENSE FEES	Vendor:	STATE STATE OF MICHIGAN
Document Number:	INV# 791-11203608	Document Type: Invoice	Remit-To:	MDA MICHIGAN DEPT OF AG & RURAL DEVELOPMENT
Account Set:	AC1	Document Date: 2/10/2024	Posting Date:	2/10/2024
Terms:	DUEUBD	Due Date: 2/10/2024	Year - Period:	2024 - 05
		Import Declaration Number:	Tax Group:	TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	92000-215	License Fees to St of MI-Food 215	MDA-FOOD LICENSE:	436.00			
			TA	0.00			
			Total:	<u>436.00</u>			

Entry No.:	4	USER LICENSES	Vendor:	PATAGONIA PATAGONIA HEALTH INC
Document Number:	2 USER LICENSES	Document Type: Invoice	Remit-To:	
Account Set:	ACTSET	Document Date: 2/21/2024	Posting Date:	2/21/2024
Terms:	TERM	Due Date: 2/21/2024	Year - Period:	2024 - 05
		Import Declaration Number:	Tax Group:	TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	72003-444	Computer Software/Subscriptions- OI	PATAGONIA-2 USER L	184.00			
			TA	0.00			
			Total:	<u>184.00</u>			

Entry No.:	5	ACH RETURNS	Vendor:	KRONOS KRONOS SAASHR INCORPORATEE
Document Number:	INV# 12202640	Document Type: Invoice	Remit-To:	UKG UKG KRONOS SYSTEMS, LLC
Account Set:	AC1	Document Date: 2/8/2024	Posting Date:	2/8/2024
Terms:	DUEUBD	Due Date: 2/8/2024	Year - Period:	2024 - 05
		Import Declaration Number:	Tax Group:	TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	71706-999	Contractual-999	KRONOS/UKG-ACH R	55.00			
			TA	0.00			
			Total:	<u>55.00</u>			

Entry No.:	6	SOFTWARE SUPPORT FOR JAN	Vendor:	LEHMAN LEHMAN & WESLEY INC
-------------------	---	--------------------------	----------------	----------------------------

A/P Batch Listing - Invoice (APIBTCLZ)

Document Number: INV# 97092	Document Type: Invoice	Posting Date: 2/13/2024	Year - Period: 2024 - 05
Account Set: AC1	Document Date: 2/13/2024	Import Declaration Number:	Tax Group: TG
Terms: DUEUBD	Due Date: 2/13/2024		

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	71706-140	Contractual-ADM 140	LEHMAN WESLEY-SC	1,764.00			
			TA	0.00			
			Total:	<u>1,764.00</u>			

Entry No.: 7 **COBRA NOTICES FOR APRIL** **Vendor:** ISOLVED ISOLVED BENEFIT SERVICES

Document Number: INV# 135180291	Document Type: Invoice	Remit-To: ISOLVE ISOLVED BENEFIT SERVICES
Account Set: ACTSET	Document Date: 2/15/2024	Posting Date: 2/15/2024
Terms: TERM	Due Date: 2/15/2024	Year - Period: 2024 - 05
	Import Declaration Number:	Tax Group: TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	71706-999	Contractual-999	ISOLVED-COBRA NO1	143.85			
			TA	0.00			
			Total:	<u>143.85</u>			

Entry No.: 8 **INS REIMBURSEMENT** **Vendor:** 695 JULIE KEHDI

Document Number: INS REIMB-FEB2024	Document Type: Invoice	Posting Date: 2/21/2024	Year - Period: 2024 - 05
Account Set: ACTSET	Document Date: 2/21/2024	Import Declaration Number:	Tax Group: TG
Terms: TERM	Due Date: 2/21/2024		

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	91000-140	Insurance-ADM 140	DR KEHDI-PROF INS 1	719.25			
			TA	0.00			
			Total:	<u>719.25</u>			

Entry No.: 9 **INTERNET SERV FOR FEB** **Vendor:** WOW WIDOPENWEST INC.

Document Number: ACCT#14038916-FEB2024	Document Type: Invoice	Remit-To: WOW WOW! BUSINESS
---	-------------------------------	------------------------------------

A/P Batch Listing - Invoice (APIBTCLZ)

Account Set: AC1	Document Date: 2/16/2024	Posting Date: 2/16/2024	Year - Period: 2024 - 05
Terms: DUEUBD	Import Declaration Number:	Tax Group: TG	
Due Date: 2/16/2024			

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	93301-140	Telephone-ADM 140	WOW-INTERNET SUP TA	960.91 0.00			
	93301-195	Telephone-EP ADM 195	WOW-INTERNET SUP TA	80.08 0.00			
			Total:	<u>1,040.99</u>			

Entry No.: 10 **INTERNET SUPPORT FOR FEB** **Vendor:** WOW WIDEPENWEST INC.

Document Number: ACCT#14038932-FEB2024	Document Type: Invoice	Remit-To: WOW WOW! BUSINESS
Account Set: AC1	Document Date: 2/16/2024	Posting Date: 2/16/2024
Terms: DUEUBD	Import Declaration Number:	Year - Period: 2024 - 05
Due Date: 2/16/2024		Tax Group: TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	93301-140	Telephone-ADM 140	WOW-INTERNET SUP TA	960.91 0.00			
	93301-195	Telephone-EP ADM 195	WOW-INTERNET SUP TA	80.08 0.00			
			Total:	<u>1,040.99</u>			

Entry No.: 11 **DENTAL RENT FOR FEB** **Vendor:** ECTREA EATON COUNTY TREASURER

Document Number: DENTAL RENT-FEB2024	Document Type: Invoice	Remit-To: CONTRO EATON COUNTY
Account Set: AC1	Document Date: 2/21/2024	Posting Date: 2/21/2024
Terms: DUEUBD	Import Declaration Number:	Year - Period: 2024 - 05
Due Date: 2/21/2024		Tax Group: TG

Distribution Code	G/L Account	Account Description	Detail Desc/ Tax Auth	Net Dist. Amt.	Allocated Tax	Est. Tax Withheld	Rev Charge
	93710-190	MCDC Rent Expense-PPE 190	EATON COUNTY-DEN TA	5,859.96 0.00			
			Total:	<u>5,859.96</u>			

A/P Batch Listing - Invoice (APIBTCLZ)

--- Batch Summary ---

Documents	
Total Invoices	14,681.29
Total Credit Notes	0.00
Total Debit Notes	0.00
Total Interest	0.00
Total for Batch 1,162	14,681.29

11 entries printed

1 batch printed

BEDHD Strategic Action Plan FY2024

Strategic Goal #1: Provide Opportunities for Everyone to Live a Healthy Life					Q1	Q2	Q3	Final	Notes
Sub-Goals					% Complete				
1. Increase access to primary, oral, and mental health services for women and children in the district.									
Action					To be completed Person Responsible				
2. Ensure consistent availability of the Maternal and Infant Health Program by 2028									
Action					To be completed Person Responsible				
PCH/PPE Conduct a Maternal Child Health Assessment in Barry and Eaton County					8/30/2024	Beth Erin and Laurel McCamman	0%	10%	3/2024 - It is unlikely we will complete a CMH assessment in FY2024. Planning to conduct the assessment will begin in FY24. Conversations with BEDHD staff and some external partners have started.

Strategic Goal #2: Ensure Our Communities Have Healthy & Safe Food, Water, and Air					Q1	Q2	Q3	Final	Notes
Sub-Goals					% Complete				
1. Identify 7 quality indicators to monitor to determine the impacts of water, air, and food issues and update annually by July 2025									
Action					To be completed Person Responsible				
2. The food, beach monitoring, well, and septic prgrams will identify a new evidence-based or promising practice by 2025 to implement by September 2028.									
Action					To be completed Person Responsible				

Strategic Goal #3: Protect the Community from Potential Health Hazards					Q1	Q2	Q3	Final	Notes
Sub-Goals					% Complete				
1. 80% of staff will participate in a full-scale emergency preparedness exercise or full-scale response by September 2028.									
Action					To be Completed Person Responsible				
Admin EPC and other PHERT/staff attends Eaton MI-MORT FSE					7/1/2024	Maddie/PHERT	0%	0%	Family Assistance Center- Pending topic
Admin Meeting with Barry County EM OR Eaton County EM to discuss FSE					8/1/2024	Maddie	0%	0%	
Admin Decide on topic for FSE					8/15/2024	Maddie	0%	75%	
Admin Decide on partners for FSE and potential date					9/1/2024	Maddie	0%	0%	
2. Establish and maintain two evidence-based or promising practice harm reduction initiatives in the district by January 2026.									
Action					To be Completed Person Responsible				
PPE Schedule a meeting with Mid-State Health Network to learn more about Project Assert					1/31/2024	K. Miesen & S. Nicholl	100%	100%	
PPE Meet with local hospitals in Eaton County to discuss implementing Project Assert					3/1/2024	K. Miesen & S. Nicholl	0%	0%	
PPE Coordinate a meeting with local hospital and MSHN to start conversations about implementing Project Assert.					4/1/2024	K. Miesen & S. Nicholl			
PPE Implement Project Assert in 1 Eaton County Hospital					8/30/2024	K. Miesen & S. Nicholl			
3. Develop subject matter expertise in five emerging threats in our district by 2026.									
Action					To be Completed Person Responsible				
Admin Establish a cross-discipline team to define emerging threats (likely the Outbreak Team).					3/1/2024	M. Vervaeke	0%	0%	
Admin Review data and literature to identify emerging threats to public health that might be of concern to the district.					6/1/2024	Team			
Admin Choose five threats in which to develop staff expertise and identify lead staff for each.					7/1/2024	Team			
Admin Define a process for staff development including a training plan.					8/1/2024	Team			
4. Formalize and sustain the overdose fatality review (OFR) team in Eaton County by July 2024									
Action					To be completed Person Responsible				

PPE

Establish Overdose Fatality Team in Eaton County

7/1/2024

Milea

100% 100%

Overdose Fatality Review Team meets quarterly in Eaton County. Barry County completed their mock-review in February 2024 and will begin quarterly meetings in March 2024.

Strategic Goal #4: Enhance Involvement, Engagement, & Collaboration to Improve Health

Q1 Q2 Q3 Final Notes

Sub-Goals				% Complete		
1. Establish a system for measuring reach and satisfaction with the health department's communications by 2026.						
Action		To be Completed	Person Responsible			
Admin	Review and document the routing of the phone system.	3/1/2024	R. Condon	10%		Process started
	Evaluate the effectiveness of current routing and identify areas of improvement.	4/1/2024	C. Hughes/A. Sharrow			
	Identify members of the public to test the revised system for ease of use.	5/1/2024	E. Smale			
	Establish phone data reports that can be used to monitor phone traffic.	6/1/2024	C. Hughes/A. Sharrow			
PPE	Establish a process to distribute a quarterly community newsletter via a platform such as constant contact, mail chimp, etc.	1/31/2024	E. Smale/M. Burgstahler	75%	100%	First Quarterly Newsletter was distributed January 2024. As of 3/2024, we have data for the first cycle of newsletter.
	Evaluate the reach and effectiveness of community newsletter after 2 cycles using data from newsletter platform	5/30/2024	E. Smale	0%	25%	
	Modify the community newsletter based on evaluation findings	6/30/2024	E. Smale	0%	0%	
	Identify additional newsletter to distribute via newsletter platform identified	8/30/2024	M. Burgstahler	0%	0%	
2. Provide four opportunities per quarter of intentional outreach and in-person engagement with community members and community partners by July 2026.						
Action		To be Completed	Person Responsible			

Strategic Goal #5: Operate High-Quality, High-Performing Programs & Services that Address Community Priorities

Q1 Q2 Q3 Final Notes

Sub-Goals				% Complete		
1. Establish client satisfaction surveys in six programs by September 2028						
Action		To be Completed	Person Responsible			
PCH	Identify 1 clinical program to implement a client satisfaction survey	3/1/2024	J. Anderson	100		
	Review best practices and model surveys to identify at least 3 strategic questions to implement in the clinical survey.	4/1/2024	J. Anderson			
	Evaluate the feasibility of using the Patagonia customer portal for survey implementation.	7/1/2024	C. Hughes			
EH	Implement the survey tool	9/1/2024	C. Hughes			
	Review best practices and model surveys to identify a survey instrument for food establishments	2/1/2024	J. Pessell			
	Finalize survey and distribute to facilities.	4/1/2024	A. Sharrow			
	Analyze results and identify improvement actions.	6/1/2024	J. Pessell			
	Determine and implement communication plan.	7/1/2024	J. Pessell			
2. Publish the performance management system for 75% of programs annually.						
Action		To be Completed	Person Responsible			
PCH	Identify at least one measure in three different clinical programs to share through the public performance management system.	2/1/2024	J. Anderson	20		In discussion on which measures best represent PCH programs.
	Establish a system for assuring the data is added to the system in a timely fashion.	4/1/2024	C. Hughes			
	Design a template for sharing the data in a way that demonstrates public health significance.	7/1/2024	C. Hughes			
	Publish the data in the performance management system and share the template with at least three strategic partners.	9/1/2024	C. Hughes			

Strategic Goal #6: Ensure Our Workforce is Healthy, Efficient, Engaged, and Proficient

Q1 Q2 Q3 Final Notes

Sub-Goals				% Complete		
1. Ensure that all non-probationary staff members have an individual development plan (IDP) by September 2025						
Action		To be Completed	Person Responsible			
2. Implement a tiered onboarding system: 1) Agency Wide by December 2024; 2) By division by December 2026; 3) By position by December 2028						
Action		To be Completed	Person Responsible			
	Compile onboarding data	10/1/2023	Rebekah	10%	25%	Outline is started, plan is not.
	Check H Drive for older on boarding Material	9/1/2023	Rebekah	100%	100%	
	Create job Shadow outline/plan	12/1/2023	Rebekah	10%	10%	

Admin	Meet with HR to discuss PHOM Onboarding and make sure efforts are not being duplicated	2/1/2024	Rebekah	0%	0%
	Start Division Specific research	10/1/2024	Rebekah	0%	0%
	Create 30/60/90 day plan	1/1/2024	Rebekah	50%	70%
	Have select employees check Draft	4/1/2024	Rebekah	25%	50%
	Present Draft to Supervisors for edits	5/1/2024	Rebekah	0%	0%
	Create outline of Admin Onabording Doc	6/1/2024	Rebekah	50%	95%

30/60/90 day for Admin is in Draft Form
3 employees have seen/trialed the orinetation as it stands now, still collecting feedback and modifying.

Created, edited and operational but still making edits

3. Offer 2 opportunities per quarter to connect with Colleagues within and across departments

Action	To be Completed	Person Responsible
--------	-----------------	--------------------

4. Creating and implementing a Regular Budget Revision Process and documentation of the Budget templates.

Action	To be Completed	Person Responsible		
Admin	Determine which current policies and forms are related to the Budget Process.	3/31/2024	T. Lucas	2%
	Review best practices, agency needs, and identify areas for improvement.	4/30/2024	Finance Team	0%
	Evaluate the feasibility of using available software-Docusign, Google Docs, etc-for Revisions to be entered in.	5/31/2024	Finance Team & R.Condon	0%
	Create procedure documentation, electronic forms, and process updates to policies if necessary.	6/30/2024	Finance Team	0%
	Pilot the process and make necessary adjustments.	7/31/2024	T. Lucas	0%
	Finalize processes and documentation	8/31/2024	T. Lucas	0%
	Receive BOH approval on any policy updates	9/30/2024	T. Lucas	0%
	Implement new process	10/1/2024	T. Lucas	0%