

INVOICE NUMBER	ACCOUNT NUMBER	VENDOR	INVOICE DESCRIPTION	CHECK DATE	CHECK NUMBER	AMOUNT	POST MONTH
IMP 07/30/	15E096 2510 6420 43 000000	DEPARTMENT OF THE TR	IMP PCORI FEE ESTIMATE - 07/01/2017 PLAN YEAR; IMP PCORI FEE ESTIMATE - 07/01/18 THROUGH 12/31/18	07/31/2019	14625	6,021.70	July
IMP 07/30/	25E096 2510 6420 43 000000	DEPARTMENT OF THE TR	IMP PCORI FEE ESTIMATE - 07/01/2017 PLAN YEAR; IMP PCORI FEE ESTIMATE - 07/01/18 THROUGH 12/31/18	07/31/2019	14625	531.30	July
Totals for 14625						6,553.00	
080719	20E098 2540 4100 79 000000	UNITED STATES POSTAL	*****IMPREST CHECK ***** EXTRA POSTAGE FOR BUSINESS OFFICE MAILING	08/08/2019	14626	3,000.00	August
Totals for 14626						3,000.00	
080919	20E098 2540 4100 79 000000	UNITED STATES POSTAL	*****IMPREST CHECK***** POSTAGE FOR MACHINE	08/09/2019	14627	3,000.00	August
Totals for 14627						3,000.00	
Totals for checks						12,553.00	

FUND SUMMARY

<u>FUND</u>	<u>DESCRIPTION</u>	<u>BALANCE SHEET</u>	<u>REVENUE</u>	<u>EXPENSE</u>	<u>TOTAL</u>
15	Employee Health Insurance Fund	0.00	0.00	6,021.70	6,021.70
20	Operations & Maintenance Fund	0.00	0.00	6,000.00	6,000.00
25	Employee Health Insurance Fund	0.00	0.00	531.30	531.30
***	Fund Summary Totals ***	0.00	0.00	12,553.00	12,553.00

***** End of report *****