

Docket of Claims
Release date from 10/30/2025 thru 10/30/2025

Fund	Name of Claimant	Trans #	Release Date	Claim Date	Claim Number	Check Number	Claim Amount	Approved/Disapproved
001	PAYROLL CLEARING FUND	260594	10/30/2025	10/30/2025	226		65,060.06	
	Account Number	Description	Invoice #	Date	P.O.	Amount		
	001-101-468	SUN LIFE EMP.VISION/DENTAL/LIF		10/30/2025		901.01		
	001-101-468	EMPLOYEE INS. MATCH PP		10/30/2025		7,700.00		
	001-102-468	SUN LIFE EMP.VISION/DENTAL/LIF		10/30/2025		655.28		
	001-102-468	EMPLOYEE INS. MATCH PP		10/30/2025		5,600.00		
	001-162-411	GROSS WAGES		10/30/2025		6,191.67		
	001-162-413	GROSS WAGES		10/30/2025		26,166.66		
	001-162-465	RETIREMENT MATCHING		10/30/2025		5,953.93		
	001-162-466	FICA MATCHING		10/30/2025		1,965.91		
	001-162-466	MEDICARE MATCHING		10/30/2025		459.77		
	001-162-468	UMR EMPLOYEE MEDICAL		10/30/2025		700.00		
	001-162-468	SUN LIFE EMP.VISION/DENTAL/LIF		10/30/2025		81.91		
	001-162-468	SUN LIFE ELECTDENTAL/VIS/LIFE		10/30/2025		163.82		
	001-162-468	UMR ELECTED OFF/SPOUSE MED.		10/30/2025		1,400.00		
	001-163-468	SUN LIFE EMP.VISION/DENTAL/LIF		10/30/2025		327.64		
	001-163-468	EMPLOYEE INS. MATCH PP		10/30/2025		2,800.00		
	001-180-468	GROSS WAGES		10/30/2025		1.00		
	001-180-468	SUN LIFE ELECTDENTAL/VIS/LIFE		10/30/2025		409.55		
	001-180-468	UMR ELECT OFF.MEDICAL MATCH PP		10/30/2025		2,800.00		
	001-630-468	SUN LIFE EMP.VISION/DENTAL/LIF		10/30/2025		81.91		
	001-630-468	EMPLOYEE INS. MATCH PP		10/30/2025		700.00		
FUND TOTAL	1 Claims	226 to	226 Checks	1 Total	65,060.06 Manual	Held	Total	65,060.06

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186	PAYROLL CLEARING FUND	260595	10/30/2025	10/30/2025	5		977.39	
	Account Number		Description	Invoice #	Date	P.O.	Amount	
	186-163-468		SUN LIFE EMP.VISION/DENTAL/LIF		10/30/2025		102.39	
	186-163-468		EMPLOYEE INS. MATCH PP		10/30/2025		875.00	
FUND TOTAL 186 Claims	5 to	5 Checks	1 Total	977.39 Manual		Held	Total	977.39

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Fund	Name of Claimant	Trans #	Release Date	Claim Date	Claim Number	Check Number	Claim Amount	Approved/Disapproved
187	PAYROLL CLEARING FUND	260596	10/30/2025	10/30/2025	3		781.91	
	Account Number		Description	Invoice #	Date	P.O.	Amount	
	187-163-468		SUN LIFE EMP.VISION/DENTAL/LIF		10/30/2025		81.91	
	187-163-468		EMPLOYEE INS. MATCH PP		10/30/2025		700.00	
FUND TOTAL 187 Claims	3 to	3 Checks	1 Total	781.91 Manual		Held	Total	781.91

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Fund	Name of Claimant	Trans #	Release Date	Claim Date	Claim Number	Check Number	Claim Amount	Approved/Disapproved
190	PAYROLL CLEARING FUND	260597	10/30/2025	10/30/2025	5		1,368.34	
	Account Number		Description	Invoice #	Date	P.O.	Amount	
	190-163-468		SUN LIFE EMP.VISION/DENTAL/LIF		10/30/2025			143.34
	190-163-468		EMPLOYEE INS. MATCH PP		10/30/2025			1,225.00
FUND TOTAL 190	Claims	5	to	5 Checks	1 Total	1,368.34 Manual	Held	Total 1,368.34

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SUMMARY OF ALL FUNDS

FUND 1 Claims	226 to 226 Checks	1 Total	65,060.06 Manual	Held	Total	65,060.06
FUND 186 Claims	5 to 5 Checks	1 Total	977.39 Manual	Held	Total	977.39
FUND 187 Claims	3 to 3 Checks	1 Total	781.91 Manual	Held	Total	781.91
FUND 190 Claims	5 to 5 Checks	1 Total	1,368.34 Manual	Held	Total	1,368.34

Total for all Funds Checks		4 Total	68,187.70 Manual	Held	Total	68,187.70

Docket of Claims
Release date from 10/29/2025 thru 10/29/2025

Fund	Name of Claimant	Trans #	Release Date	Claim Date	Claim Number	Check Number	Claim Amount	Approved/Disapproved
001	PAYROLL CLEARING FUND	260612	10/29/2025	10/30/2025	227		781.91	
	Account Number		Description	Invoice #	Date	P.O.	Amount	
	001-180-468		SUN LIFE ELECTDENTAL/VIS/LIFE		10/30/2025		81.91	
	001-180-468		UMR ELECT OFF.MEDICAL MATCH PP		10/30/2025		700.00	
FUND TOTAL	1 Claims	227	to	227 Checks	1 Total	781.91 Manual	Held	Total 781.91

SUMMARY OF ALL FUNDS

FUND	1	Claims	227	to	227	Checks	1	Total	781.91	Manual	Held	Total	781.91
			Total for all Funds		Checks		1	Total	781.91	Manual	Held	Total	781.91