## **AUDITOR'S LOG**

## YELLOWSTONE COUNTY

THE UNDERSIGNED MEMBERS OF THE BOARD OF COUNTY COMMISSIONERS OF YELLOWSTONE COUNTY DO HEREBY APPROVE THE ATTACHED LIST OF CLAIMS AGAINST THE COUNTY AND RECOGNIZES THE CHANGES BELOW WITH APPROBATION.

BATCH: 23-103

January 26, 2023

Date: 1:31-23

Date: /・3/-みろ

Date: 1 3/33

Mark Morse, Member

Donald Jones,

Member

John Ostlund, Chair

Prepared by Tanya McWilliams, Deputy County Auditor

ADJUSTMENTS/CORRECTIONS/DENIALS

PAYEE

1/26/2023 DATE

Treasurer P0#

ACH Payments

DEPARTMENT Treasurer

\$347,378.56

\$347,378.56

AMOUNT

REQUESTED

AMOUNT

OVER/(UNDER) REQUESTED **AMOUNT REASON** 

\$0.00

TOTALS

\$347,378.56

\$347,378.56

\$0.00

IN ACCORDANCE WITH SECTION 7-6-2407 M.C.A., THESE CLAIMS HAVE BEEN INVESTIGATED AND EXAMINED BY ME AND, EXCEPT AS NOTED ABOVE,

Camp McWilliams

DATE:

## **ACH Transactions Affecting County Revenues and Expenditures** January 1-15, 2023

\$ 347,378.56					Total
(36,057.42)	6050.601.500700.304	16256	RX Credit	BCBS	01/13/23
50,072.03	6050.601.500700.304	16256	RX Claims (12/31-1/6)	BCBS	01/13/23
130,361.67	6050.601.500700.351	16256	FY23 Health Claims (12/31-1/6)	BCBS	01/13/23
2,059.38	6050.000.020600.000	16256	FY22 Health Claims (12/31-1/6)	BCBS	01/13/23
111.28	2300.000.342014.000	16255	Bank Card Fees	Wells Fargo	01/13/23
46.69	2300.000.346025.000	16255	Bank Card Fees	Wells Fargo	01/13/23
24,105.00	1000.000.346025.000	16255	Bank Card Fees	Wells Fargo	01/13/23
7,482.58	7980.000.021100.000	16254	Client Analysis Charge	Wells Fargo	01/11/23
66.87	1000.000.346025.000	16254	Credit Card Machine Lease	Wells Fargo	01/11/23
200.00	2300.000.342010.000	16251	NSF-Frances Bertoholet	Sheriff	01/10/23
27,799.77	6050.601.500700.304	16247	FY23 RX Claims (11/19-11/25)	BCBS	01/06/23
139,650.14	6050.601.500700.351	16247	FY23 Health Claims (12/24-12/30)	BCBS	01/06/23
1,406.67	6050.000.020600.000	16247	FY22 Health Claims (12/24-12/30)	BCBS	01/06/23
73.90	6050.601.500700.304	16245	CRX Prescription Drugs (12/1-12/31/22)	CRX International	01/04/23
AMOUNT	ACCOUNT NUMBER	VOUCHER NUMBER	DESCRIPTION	VENDOR	DATE

