AP466 Pre-Check Writing Report

For all A.P. GL Code

For all Holdback GL Code

Currency: LOCAL

Take all discounts: N

Report Sequence by Name: Y

Clear Invoices that net to zero: $\ensuremath{\mathtt{N}}$

Direct Deposits Only: N $\hbox{$\tt E-Paybles Only} \qquad : \quad \hbox{$\tt N$}$

Supplie:	r Supplier											
Code	Name / Address											
	Invoice		Invoice	Due	Discount	Invoice	Discount	Net				
	Type Number	Batch	Date	Date	Date	Amount	To be taken	To be paid				
00003 DEPARTMENT OF LABOR & INDUSTRY												
	PO BOX 9003											
	EMPLOYER SERVICES											
	OLYMPIA WA 98504											
	INVOICE 15040200	1										
		95898	04/01/15	04/01/15		5,574.33	.00	5,574.33				
	Fund 636 FI	RE DISTRICT	#2		5,574.33							
		Check	: 1	Supplier	Total:	5,574.33	.00	5,574.33				
		Cneck	: 1	supplier	TOTAL:	5,574.33	.00	5,574.33				
03293	DI MARTINO/WSCFF DIS	ABILITY TR										
	ATTN: LAURA ZIEBELL											
	1501 4TH AVENUE SUIT	E 2400										
	SEATTLE WA 98101											
	INVOICE 15040200	2										
			04/01/15	04/01/15		654.07	.00	654.07				
	Fund 636 FI	RE DISTRICT	#2		654.07							
		Check	: 1	Supplier	Total:	654.07	.00	654.07				
01631	IAFF											
	C/O IAFF LOCAL 1758											
	PO BOX 981											
	ELLENSBURG WA 98926											
	INVOICE 15040200		04/01/15	04/01/15		940.14	.00	940.14				
	Fund 636 FI			04/01/13	940.14	940.14	.00	340.14				
			-									
		Check	: 1	Supplier	Total:	940.14	.00	940.14				
00642	TRUSTED PLANS SERVIC	E CORP										
	PO BOX 1894											
	TACOMA WA 98401											
	INVOICE 15040200	4										
		95898	04/01/15	04/01/15		20,864.59	.00	20,864.59				
	Fund 636 FI	RE DISTRICT	#2		20,864.59							

Check : 1 Supplier Total:

20,864.59

.00

20,864.59

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Direct Deposits Only: N E-Paybles Only : N

Supplier Supplier

Code Name / Address

Name / Ad	ddress											
Invoice			Invoice	Due Disc	count Invoice	Discount	Net					
Type	Number	Batch	Date	Date Date	Amount	To be taken	To be paid					
WSCFF EMPLOYEE BENEFIT TRUST												
BENEFIT SO	LUTIONS IN	ic										
PO BOX 6												
MUKILTEO WA 98275												
INVOICE 150402005												
		95898	04/01/15	04/01/15	675.00	.00	675.00					
Fui	nd 636 FI	RE DISTRICT	r #2	6	575.00							
		Check	: 1	Supplier Total	.: 675.00	.00	675.00					
ılar To Issue	e 5	Check	: 5	Fund / Sub	Fund 28,708.13	.00	28,708.13					
ep. To Issue	e 0	Check	: 0	Fund / Sub	Fund .00	.00	.00					
yments	5	Check	: 5	Fund / Sub	Fund 28,708.13	.00	28,708.13					
)	Type WSCFF EMPLO BENEFIT SO: PO BOX 6 MUKILTEO I INVOICE Fur	Invoice Type Number WSCFF EMPLOYEE BENEF BENEFIT SOLUTIONS IN PO BOX 6 MUKILTEO WA 98275 INVOICE 15040200 Fund 636 FI	Invoice Type Number Batch WSCFF EMPLOYEE BENEFIT TRUST BENEFIT SOLUTIONS INC PO BOX 6 MUKILTEO WA 98275 INVOICE 150402005 95898 Fund 636 FIRE DISTRICT Check Clar To Issue 5 Check Lar To Issue 0 Check	Invoice Invoice Type Number Batch Date WSCFF EMPLOYEE BENEFIT TRUST BENEFIT SOLUTIONS INC PO BOX 6 MUKILTEO WA 98275 INVOICE 150402005 95898 04/01/15 Fund 636 FIRE DISTRICT #2 Check : 1	Invoice Invoice Due Discourage Type Number Batch Date Date Date WSCFF EMPLOYEE BENEFIT TRUST BENEFIT SOLUTIONS INC PO BOX 6 MUKILTEO WA 98275 INVOICE 150402005 95898 04/01/15 04/01/15 Fund 636 FIRE DISTRICT #2 Check : 1 Supplier Total Check : 5 Fund / Subsept. To Issue 0 Check : 0 Fund / Subsept.	Invoice Due Discount Invoice Type Number Batch Date Date Date Date Amount	Tryoice					

Note: more Check may be required due to voids or multiple addresses per Supplier

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Currency: LOCAL Take all discounts: N

Report Sequence by Name: Y

Clear Invoices that net to zero: ${\tt N}$

Direct Deposits Only: N E-Paybles Only : N

Invoice Expense Fund Distribution Summary

Fund 636 FIRE DISTRICT #2

28,708.13 -----

Total Invoice Expense Distribution:

28,708.13