



**CLINTON OFFICE**  
 1307 E. Townsend Rd.  
 Saint Johns, MI 48879-9036  
 (989) 224-2195

**GRATIOT OFFICE**  
 151 Commerce Dr.  
 Ithaca, MI 48847-1627  
 (989) 875-3681

**MONTCALM OFFICE**  
 615 N. State St.  
 Stanton, MI 48888-9702  
 (989) 831-5237

<b>BOARD OF HEALTH:</b>	Bruce DeLong David Pohl	George Bailey Steven Sopocy	Phil Kohn Adam Petersen
-------------------------	----------------------------	--------------------------------	----------------------------

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT (MMDHD)  
 BOARD OF HEALTH  
 FINANCE COMMITTEE MEETING  
**Gratiot Office, Ithaca, Michigan**  
**Conference Rooms A & B**

**Wednesday, March 27, 2024**  
**8:30 a.m.**

**AGENDA**

*We take action to protect, maintain, and improve the health of our community.*

**COMMITTEE MEMBERS:** George Bailey (Chairperson), Bruce DeLong and Adam Petersen

**ABSENT:** None

**STAFF:** Mari E. (Liz) Braddock, Health Officer; Melissa Selby, Director of Administrative Services; Lonnie Smith, Director of Environmental Health Services (EH), Krishna Santana, Board Secretary

**STAFF ABSENT:** Sarah Doak Director of Community Health and Education Division (CHED)

- A. MMDHD’s Expenses for February 10 through March 8, 2024 – **Included.**
- B. MMDHD’s Monthly Balance Sheet, Revenue and Expenditure Report for February 2024 – **Included.**
- C. Electronic Transaction Policy– **Handout.**
- D. Oral Health Fees: D0191 & D1206– **Included.**
- E. Reclassification of Financial Specialist and Human Resource Specialist positions– **Included.**
- F. Sick Leave Pay Out - **Included.**



**CLINTON OFFICE**  
 1307 E. Townsend Rd.  
 Saint Johns, MI 48879-9036  
 (989) 224-2195

**GRATIOT OFFICE**  
 151 Commerce Dr.  
 Ithaca, MI 48847-1627  
 (989) 875-3681

**MONTCALM OFFICE**  
 615 N. State St.  
 Stanton, MI 48888-9702  
 (989) 831-5237

<b>BOARD OF HEALTH:</b>	Bruce DeLong	George Bailey	Phil Kohn
	David Pohl	Steven Sopocy	Adam Petersen

**Board of Health Finance Committee Synopsis of Actions Needed**  
 March 27, 2024 Finance Meeting

Item A.	<b>EXPENSES FOR FEBRUARY 10 THROUGH MARCH 8, 2024</b>
Motion to recommend payment of the Mid-Michigan District Health Department’s Expenses for February 10, through March 8, 2024, totaling \$913,176.16.	
Item B.	<b>BALANCE SHEET, REVENUE AND EXPENDITURE REPORT FOR FEBRUARY 2024</b>
Motion to recommend the approval of the Balance Sheet, Revenue and Expenditure Report for February 2024 and place on file.	
Item C.	<b>ELECTRONIC TRANSACTION POLICY</b>
Motion to recommend the board approve the Electronic Transaction Policy and sign the resolution.	
Item D.	<b>ORAL HEALTH FEES D0191 &amp; D1206</b>
Motion to recommend approving increasing the Oral Health Fees D0191 & D1206 by \$5.00 each.	
Item E.	<b>RECLASSIFICATION OF FINANCE SPECIALIST AND HUMAN RESOURCE SPECIALIST POSITIONS</b>
Motion to recommend approving the reclassifications of the finance specialist and human resource specialist positions.	
Item F.	<b>SICK LEAVE PAY OUT</b>
Motion to recommend the approval of the policy to increase sick leave pay out to long-term employees upon leaving employment.	



**MONTHLY EXPENSES FOR  
February 10, 2024 - March 8, 2024**

<i>EV 2026</i>	<i>2/23/2024</i>	\$	<i>644,391.85</i>
<i>EV 2027</i>	<i>3/8/2024</i>	\$	<u><i>268,784.31</i></u>
<b>TOTAL</b>		\$	<b>913,176.16</b>

# Mid-Michigan District HEALTH DEPARTMENT

CLINTON • GRATIOT • MONTCALM

Expense Voucher # 2026

2/23/2024

## Payables

108779 - 108813 Acumatica Checks & ACH \$ 469,391.88

## Payroll

Ameriprise NBS \$ 100.00

MERS 457 \$ 1,867.00

Nationwide \$ 2,180.00

MERS Defined Benefit - Employee \$ 4,486.78

EFT Payroll Tax

FICA/MC/FIT \$ 34,955.51

STATE OF MICHIGAN \$ 5,739.53

MERS Defined Benefit - Employer Jan-24 \$ -

Direct Deposit Payroll \$ 117,780.39

Direct Deposit HSA \$ 7,890.76

**TOTAL**

**\$ 644,391.85**

**AP Payment Register**

Company/Branch MMDHD

Date From: 2/23/2024

Date To: 2/23/2024

Date: 2/21/2024 3:01 PM

User: DAWN WADLE

Account	Currency	Description
CASH AP	USD	CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002300	108779	Closed	2/23/2024	FOUR01	4IMPRINT, INC	0.00	224.87

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003661		12135995	MMDHD MAGNET	224.87	USD	0.00	224.87
							<b>Document Total:</b>	<b>224.87</b>
							<b>Payment Method Total:</b>	<b>224.87</b>
							<b>Cash Account Total:</b>	<b>224.87</b>

Account	Currency	Description
CASH AP	USD	CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002293	108780	Closed	2/23/2024	ALPH01	ALPHA FAMILY CENTER	0.00	200.00

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003679		MARCH2024	MARCH RENT	200.00	USD	0.00	200.00
							<b>Document Total:</b>	<b>200.00</b>
							<b>Payment Method Total:</b>	<b>200.00</b>
							<b>Cash Account Total:</b>	<b>200.00</b>

Account	Currency	Description
CASH AP	USD	CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002322	108781	Closed	2/23/2024	AMAZON01	AMAZON CAPITAL SERVICES	0.00	4,400.24

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003651		1XQK-PCVJ-47FF	LEATHER REPAIR	45.96	USD	0.00	45.96
Bill	003653		1V3Y-M9VF-4CDP	FOLDERS FOR FF	14.56	USD	0.00	14.56
Bill	003656		1L7D-RYYW-KCXF	WAITING ROOM T	351.73	USD	0.00	351.73
Bill	003666		1LK3-4QV7-HRY4	400 FIRST AID KIT	3,822.00	USD	0.00	3,822.00
Bill	003677		16KK-VDXF-316T	POST CARD PAPE	156.50	USD	0.00	156.50
Bill	003678		14LV-3HGX-4QH4	UTILITY CADDY F	9.49	USD	0.00	9.49
							<b>Document Total:</b>	<b>4,400.24</b>
							<b>Payment Method Total:</b>	<b>4,400.24</b>
							<b>Cash Account Total:</b>	<b>4,400.24</b>

Account	Currency	Description
CASH AP	USD	CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002325	108782	Closed	2/23/2024	AMS01	AMS, INC.	0.00	81.60

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003650		286114	AUGER HANDLE	81.60	USD	0.00	81.60
							<b>Document Total:</b>	<b>81.60</b>
							<b>Payment Method Total:</b>	<b>81.60</b>
							<b>Cash Account Total:</b>	<b>81.60</b>

CASH AP		USD	CASH ACCOUNT FOR AP						
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount	
Payment	002294	108783	Closed	2/23/2024	CAPI01	CAPITAL AREA UNITED WAY	0.00	40.00	
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid	
Bill	003680		JAN/FEB2024	EMPLOYEE DONA	40.00	USD	0.00	40.00	
							<b>Document Total:</b>	<b>40.00</b>	
							<b>Payment Method Total:</b>	<b>40.00</b>	
							<b>Cash Account Total:</b>	<b>40.00</b>	

CASH AP		USD	CASH ACCOUNT FOR AP						
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount	
Payment	002295	108784	Closed	2/23/2024	CDWG01	CDW GOVERNMENT, INC.	0.00	2,328.43	
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid	
Bill	003657		PF32793	SURFACE DOCK,	231.43	USD	0.00	231.43	
Bill	003669		PJ69191	PRIVACY SCREEN	1,129.60	USD	0.00	1,129.60	
Bill	003681		ZR00440569	JANUARY WEBEX	250.00	USD	0.00	250.00	
Bill	003682		ZR00447045	DECEMBER CISC	717.40	USD	0.00	717.40	
							<b>Document Total:</b>	<b>2,328.43</b>	
							<b>Payment Method Total:</b>	<b>2,328.43</b>	
							<b>Cash Account Total:</b>	<b>2,328.43</b>	

CASH AP		USD	CASH ACCOUNT FOR AP						
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount	
Payment	002296	108785	Closed	2/23/2024	CENT02	CENTRAL MICHIGAN DIST HEALTH DEPARTMENT	0.00	6,724.22	
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid	
Bill	003683		JAN2024	MD FOR JANUAR	6,724.22	USD	0.00	6,724.22	
							<b>Document Total:</b>	<b>6,724.22</b>	
							<b>Payment Method Total:</b>	<b>6,724.22</b>	
							<b>Cash Account Total:</b>	<b>6,724.22</b>	

CASH AP		USD	CASH ACCOUNT FOR AP						
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount	
Payment	002297	108786	Closed	2/23/2024	CLIN01	CLINTON COUNTY ADMINISTRATION/ACCOUNTING	0.00	1,966.67	
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid	
Bill	003684		AC-2024-005	MARCH RENT	1,966.67	USD	0.00	1,966.67	
							<b>Document Total:</b>	<b>1,966.67</b>	
							<b>Payment Method Total:</b>	<b>1,966.67</b>	
							<b>Cash Account Total:</b>	<b>1,966.67</b>	

CASH AP USD CASH ACCOUNT FOR AP								
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002298	108787	Closed	2/23/2024	COVE01	COVENANT MEDICAL CENTER	0.00	72.84
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003685		24820892	LABS	72.84	USD	0.00	72.84
							<b>Document Total:</b>	<b>72.84</b>
							<b>Payment Method Total:</b>	<b>72.84</b>
							<b>Cash Account Total:</b>	<b>72.84</b>

CASH AP USD CASH ACCOUNT FOR AP								
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002299	108788	Closed	2/23/2024	ETRA01	ETR ASSOCIATES	0.00	745.92
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003649		284027	STD PAMPHLETS	745.92	USD	0.00	745.92
							<b>Document Total:</b>	<b>745.92</b>
							<b>Payment Method Total:</b>	<b>745.92</b>
							<b>Cash Account Total:</b>	<b>745.92</b>

CASH AP USD CASH ACCOUNT FOR AP								
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002301	108789	Closed	2/23/2024	GLAXO1	GLAXO SMITH KLINE	0.00	406.78
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003670		8254246144	BOOSTRIX VACCI	406.78	USD	0.00	406.78
							<b>Document Total:</b>	<b>406.78</b>
							<b>Payment Method Total:</b>	<b>406.78</b>
							<b>Cash Account Total:</b>	<b>406.78</b>

CASH AP USD CASH ACCOUNT FOR AP								
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002302	108790	Closed	2/23/2024	GRAT04	GRATIOT COUNTY HERALD	0.00	76.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003686		113	2024 BOARD MEE	76.00	USD	0.00	76.00
							<b>Document Total:</b>	<b>76.00</b>
							<b>Payment Method Total:</b>	<b>76.00</b>
							<b>Cash Account Total:</b>	<b>76.00</b>

CASH AP USD CASH ACCOUNT FOR AP								
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002303	108791	Closed	2/23/2024	GRAT06	GRATIOT INTEGRATED HEALTH NETWORK	0.00	400.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003687		FEB2024	FEBRUARY RENT	200.00	USD	0.00	200.00
Bill	003688		MAR2024	MARCH RENT	200.00	USD	0.00	200.00
							<b>Document Total:</b>	<b>400.00</b>
							<b>Payment Method Total:</b>	<b>400.00</b>
							<b>Cash Account Total:</b>	<b>400.00</b>

CASH AP USD CASH ACCOUNT FOR AP								
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002304	108792	Closed	2/23/2024	GRAT07	GRATIOT ISABELLA RESD	0.00	20,267.08
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003689		11836	JANUARY 2024 HF	20,267.08	USD	0.00	20,267.08
<b>Document Total:</b>								<b>20,267.08</b>
<b>Payment Method Total:</b>								<b>20,267.08</b>
<b>Cash Account Total:</b>								<b>20,267.08</b>

CASH AP USD CASH ACCOUNT FOR AP								
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002324	108793	Closed	2/23/2024	HERI01	HERITAGE UNITED METHODIST CHURCH	0.00	200.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003690		FEB2024	FEBRUARY RENT	100.00	USD	0.00	100.00
Bill	003691		MAR2024	MARCH RENT	100.00	USD	0.00	100.00
<b>Document Total:</b>								<b>200.00</b>
<b>Payment Method Total:</b>								<b>200.00</b>
<b>Cash Account Total:</b>								<b>200.00</b>

CASH AP USD CASH ACCOUNT FOR AP								
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002305	108794	Closed	2/23/2024	MCKE01	MCKESSON MEDICAL	0.00	1,335.41
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003667		21654739	TRICHLORACETIC	134.98	USD	0.00	134.98
Bill	003672		21671491	DISP PILLOWCAS	772.99	USD	0.00	772.99
Bill	003673		21674693	3 DISTILLED WAT	70.28	USD	0.00	70.28
Bill	003674		21674702	PURPLE NITRILE	218.19	USD	0.00	218.19
Bill	003675		21674703	3 DISTILLED WAT	68.69	USD	0.00	68.69
Bill	003676		21674704	3 DISTILLED WAT	70.28	USD	0.00	70.28
<b>Document Total:</b>								<b>1,335.41</b>
<b>Payment Method Total:</b>								<b>1,335.41</b>
<b>Cash Account Total:</b>								<b>1,335.41</b>

CASH AP USD CASH ACCOUNT FOR AP								
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002306	108795	Closed	2/23/2024	MICH11	MICHIGAN NURSES ASSOCIATION	0.00	592.29
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003693		FEB2024	DUES	592.29	USD	0.00	592.29
<b>Document Total:</b>								<b>592.29</b>
<b>Payment Method Total:</b>								<b>592.29</b>
<b>Cash Account Total:</b>								<b>592.29</b>



CASH AP USD CASH ACCOUNT FOR AP								
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002307	108796	Closed	2/23/2024	MISD01	MISDU - FRIEND OF COURT	0.00	83.91
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003692		02232024	2/23/24 EMPLOYE	83.91	USD	0.00	83.91
<b>Document Total:</b>								<b>83.91</b>
<b>Payment Method Total:</b>								<b>83.91</b>
<b>Cash Account Total:</b>								<b>83.91</b>

CASH AP USD CASH ACCOUNT FOR AP								
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002321	108797	Closed	2/23/2024	MUTU01	MUTUAL OF OMAHA	0.00	5,548.55
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003710		MAR2024	ER LIFE & EE VOL	5,548.55	USD	0.00	5,548.55
<b>Document Total:</b>								<b>5,548.55</b>
<b>Payment Method Total:</b>								<b>5,548.55</b>
<b>Cash Account Total:</b>								<b>5,548.55</b>

CASH AP USD CASH ACCOUNT FOR AP								
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002309	108798	Closed	2/23/2024	RSNO01	R&S NORTHEAST LLC	0.00	381.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003663		439326	RIFAMPIN CAP 30	358.20	USD	0.00	358.20
Bill	003668		444207	30 QTY NUVARIN	22.80	USD	0.00	22.80
<b>Document Total:</b>								<b>381.00</b>
<b>Payment Method Total:</b>								<b>381.00</b>
<b>Cash Account Total:</b>								<b>381.00</b>

CASH AP USD CASH ACCOUNT FOR AP								
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002308	108799	Closed	2/23/2024	RICO01	RICOH USA INC	0.00	888.79
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003695		5068931867	JANUARY COPIES	888.79	USD	0.00	888.79
<b>Document Total:</b>								<b>888.79</b>
<b>Payment Method Total:</b>								<b>888.79</b>
<b>Cash Account Total:</b>								<b>888.79</b>

CASH AP USD CASH ACCOUNT FOR AP								
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002310	108800	Closed	2/23/2024	SANO01	SANOPI PASTEUR INC	0.00	271.62
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003671		922159373	TUBERSOL VACC	271.62	USD	0.00	271.62
<b>Document Total:</b>								<b>271.62</b>
<b>Payment Method Total:</b>								<b>271.62</b>
<b>Cash Account Total:</b>								<b>271.62</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002311	108801	Closed	2/23/2024	STAP01	STAPLES	0.00	380.85

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003658		3557550398	COPY PAPER MBI	47.98	USD	0.00	47.98
Bill	003659		3557550399	ADMIN-LEGAL PA	48.04	USD	0.00	48.04
Bill	003660		3557550400	GRATIOT-DATE S	233.80	USD	0.00	233.80
Bill	003665		3557926426	HP 62 INK 2PK	51.03	USD	0.00	51.03
<b>Document Total:</b>								<b>380.85</b>
<b>Payment Method Total:</b>								<b>380.85</b>
<b>Cash Account Total:</b>								<b>380.85</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002312	108802	Closed	2/23/2024	STAT01	STATCOURIER	0.00	2,267.00

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003696		1019-3447	JANUARY COURIE	2,267.00	USD	0.00	2,267.00
<b>Document Total:</b>								<b>2,267.00</b>
<b>Payment Method Total:</b>								<b>2,267.00</b>
<b>Cash Account Total:</b>								<b>2,267.00</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002326	108803	Closed	2/23/2024	STAT07	STATE OF MICHIGAN MDHHS-CASHIERING	0.00	392,933.74

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003700		CO-2023	ETLHD-2023 UNSI	392,933.74	USD	0.00	392,933.74
<b>Document Total:</b>								<b>392,933.74</b>
<b>Payment Method Total:</b>								<b>392,933.74</b>
<b>Cash Account Total:</b>								<b>392,933.74</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002313	108804	Closed	2/23/2024	STAT04	STATE OF MICHIGAN-LAB	0.00	57.50

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003697		20240102-30	LABS	34.50	USD	0.00	34.50
Bill	003698		20240201-25	LAB	11.50	USD	0.00	11.50
Bill	003699		20240201-10	LAB	11.50	USD	0.00	11.50
<b>Document Total:</b>								<b>57.50</b>
<b>Payment Method Total:</b>								<b>57.50</b>
<b>Cash Account Total:</b>								<b>57.50</b>

CASH AP USD CASH ACCOUNT FOR AP								
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002314	108805	Closed	2/23/2024	TEAM02	TEAMSTERS LOCAL 214	0.00	1,859.52
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003708		FEB2024	DUES	1,859.52	USD	0.00	1,859.52
							<b>Document Total:</b>	<b>1,859.52</b>
							<b>Payment Method Total:</b>	<b>1,859.52</b>
							<b>Cash Account Total:</b>	<b>1,859.52</b>

CASH AP USD CASH ACCOUNT FOR AP								
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002315	108806	Closed	2/23/2024	UNIT02	UNITED WAY OF GRATIOT COUNTY	0.00	260.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003701		JAN/FEB2024	DONATIONS	260.00	USD	0.00	260.00
							<b>Document Total:</b>	<b>260.00</b>
							<b>Payment Method Total:</b>	<b>260.00</b>
							<b>Cash Account Total:</b>	<b>260.00</b>

CASH AP USD CASH ACCOUNT FOR AP								
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002316	108807	Closed	2/23/2024	UNIT03	UNITED WAY OF MONTCALM COUNTY	0.00	80.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003702		JAN/FEB2024	DONATIONS	80.00	USD	0.00	80.00
							<b>Document Total:</b>	<b>80.00</b>
							<b>Payment Method Total:</b>	<b>80.00</b>
							<b>Cash Account Total:</b>	<b>80.00</b>

CASH AP USD CASH ACCOUNT FOR AP								
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002323	108808	Closed	2/23/2024	VERT01	VERTILOCITY	0.00	892.50
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003703		31014717	JANUARY UKG RE	892.50	USD	0.00	892.50
							<b>Document Total:</b>	<b>892.50</b>
							<b>Payment Method Total:</b>	<b>892.50</b>
							<b>Cash Account Total:</b>	<b>892.50</b>

CASH AP USD CASH ACCOUNT FOR AP								
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002317	108809	Closed	2/23/2024	VIEW01	VIEW NEWSPAPER GROUP	0.00	114.60
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003704		351104	2024 BOARD OF F	114.60	USD	0.00	114.60
							<b>Document Total:</b>	<b>114.60</b>
							<b>Payment Method Total:</b>	<b>114.60</b>
							<b>Cash Account Total:</b>	<b>114.60</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002318	108810	Closed	2/23/2024	WATK02	WATKINS SURGICAL SUPPLY	0.00	183.70

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003662		0000566446	ISONIAZID 300mg	183.70	USD	0.00	183.70
<b>Document Total:</b>								<b>183.70</b>
<b>Payment Method Total:</b>								<b>183.70</b>
<b>Cash Account Total:</b>								<b>183.70</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002327	108811	Closed	2/23/2024	WEBB01	WEBB ASHLEY	0.00	25.00

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003705		018457	REFUND	25.00	USD	0.00	25.00
<b>Document Total:</b>								<b>25.00</b>
<b>Payment Method Total:</b>								<b>25.00</b>
<b>Cash Account Total:</b>								<b>25.00</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002320	108812	Closed	2/23/2024	WOOD01	WOOD SARAH	0.00	101.25

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003706		02102024	2/4-2/9 CONTRAC	101.25	USD	0.00	101.25
<b>Document Total:</b>								<b>101.25</b>
<b>Payment Method Total:</b>								<b>101.25</b>
<b>Cash Account Total:</b>								<b>101.25</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	002319	108813	Closed	2/23/2024	YEOY01	YEO & YEO PC CPA	0.00	23,000.00

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	003707		587456	FY2023 AUDIT, G/	23,000.00	USD	0.00	23,000.00
<b>Document Total:</b>								<b>23,000.00</b>
<b>Payment Method Total:</b>								<b>23,000.00</b>
<b>Cash Account Total:</b>								<b>23,000.00</b>

Doc. Type	Count	Amount Paid (USD)
Check	35	469,391.88
Prepayment	0	0.00
Refund	0	0.00
Void Check	0	0.00
<b>Company Total:</b>	<b>35</b>	<b>469,391.88</b>



# Mid-Michigan District HEALTH DEPARTMENT

CLINTON • GRATIOT • MONTCALM

Expense Voucher # 2027

3/8/2024

**Payables**

108814 - 108846	Acumatica Checks & ACH	\$	51,962.69
-----------------	------------------------	----	-----------

**Payroll**

Ameriprise NBS		\$	100.00
MERS 457		\$	1,867.00
Nationwide		\$	2,180.00
MERS Defined Benefit - Employee		\$	4,492.16
EFT Payroll Tax			
FICA/MC/FIT		\$	34,050.94
STATE OF MICHIGAN		\$	5,603.04
MERS Defined Benefit - Employer	Feb-24	\$	45,631.71
Direct Deposit Payroll		\$	114,855.86
Direct Deposit HSA		\$	7,864.91
State of Michigan Unemployment		\$	-

**Fees**

Huntington e-Banking fee	Feb-24	\$	222.34
Huntington Bank Interest	Feb-24	\$	(46.34)

**TOTAL**

**\$ 268,784.31**

AP Payment Register

Account	Description
CASH AP	CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108814	Closed	3/8/2024	AMAZON01	AMAZON CAPITAL SERVICES	0.00	340.50

Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		1VD3-Q9XK-331G	DENTAL MIRRORS	39.98	USD	0.00	39.98
Bill		1VKX-6CPD-Q4JM	HAND HELD VACUUM MBO CHED	44.97	USD	0.00	44.97
Bill		19KY-3WGC-7HLY	BINDER RINGS IMMS CBO	8.99	USD	0.00	8.99
Bill		1D4N-D4JY-4317	FP MBO STORAGE BIN, END TABLE	48.56	USD	0.00	48.56
Bill		1GT6-V3DY-4YYK	WALL SOUND BARRIER	198.00	USD	0.00	198.00
<b>Document Total:</b>							<b>340.50</b>
<b>Payment Method Total:</b>							<b>340.50</b>
<b>Cash Account Total:</b>							<b>340.50</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108815	Closed	3/8/2024	ASDH01	ASD HEALTHCARE	0.00	3,156.44

Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		3165358506	MIRENA IUD'S	3,156.44	USD	0.00	3,156.44
<b>Document Total:</b>							<b>3,156.44</b>
<b>Payment Method Total:</b>							<b>3,156.44</b>
<b>Cash Account Total:</b>							<b>3,156.44</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108816	Closed	3/8/2024	BONAR01	ERIN E BONAR, PHD	0.00	609.88

Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		MAY2024	PRESENTATION ON CANNABIS/MILEAGE	609.88	USD	0.00	609.88
<b>Document Total:</b>							<b>609.88</b>
<b>Payment Method Total:</b>							<b>609.88</b>
<b>Cash Account Total:</b>							<b>609.88</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108817	Closed	3/8/2024	BROM01	BROMBERG & ASSOCIATES	0.00	282.50

Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		24304	JANUARY TRANSLATIONS	103.73	USD	0.00	103.73
Bill		24452	ABSENT PARENT-TRANSLATION TO SPANISH	178.77	USD	0.00	178.77
<b>Document Total:</b>							<b>282.50</b>
<b>Payment Method Total:</b>							<b>282.50</b>
<b>Cash Account Total:</b>							<b>282.50</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108818	Closed	3/8/2024	CDWG01	CDW GOVERNMENT, INC.	0.00	3,258.46

  

Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Debit Adj.		PW82705	CREDIT 1 BRIGHTSCREEN FILTER	-50.21	USD	0.00	-50.21
Bill		PQ70874	3M PRIVACY FILTER F/SURFACE PRO 8	50.21	USD	0.00	50.21
Bill		PN50835	3M BRIGHT SCREEN PRIVACY FILTER	63.47	USD	0.00	63.47
Bill		PQ06828	LENOVO THINKPAD, 3M BRIGHT SCREEN PRIVACY FILTERS (11)	1,430.67	USD	0.00	1,430.67
Bill		ZR00458158	JANUARY 2024 CISCO VOICE	717.40	USD	0.00	717.40
Bill		PT71928	BADGY 200 PLASTIC CARD PRINTER	746.71	USD	0.00	746.71
Bill		PV66070	3M PRIVACY FILTER	50.21	USD	0.00	50.21
Bill		ZR00453634	FEB2024 WEBEX CALLING	250.00	USD	0.00	250.00
<b>Document Total:</b>							<b>3,258.46</b>
<b>Payment Method Total:</b>							<b>3,258.46</b>
<b>Cash Account Total:</b>							<b>3,258.46</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108819	Closed	3/8/2024	COMM01	COMMUNITY MENTAL HEALTH ASSOCIATION	0.00	2,600.00

  

Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		FY2024	MEMBERSHIP	2,600.00	USD	0.00	2,600.00
<b>Document Total:</b>							<b>2,600.00</b>
<b>Payment Method Total:</b>							<b>2,600.00</b>
<b>Cash Account Total:</b>							<b>2,600.00</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108820	Closed	3/8/2024	COUS01	COUSINEAU JENNIFER	0.00	150.00

  

Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		011624	SPRING BREAK YOGA CLASSES	150.00	USD	0.00	150.00
<b>Document Total:</b>							<b>150.00</b>
<b>Payment Method Total:</b>							<b>150.00</b>
<b>Cash Account Total:</b>							<b>150.00</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108821	Closed	3/8/2024	FOUR01	4IMPRINT, INC	0.00	224.87

  

Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		12230123	MAGNETS	224.87	USD	0.00	224.87
<b>Document Total:</b>							<b>224.87</b>
<b>Payment Method Total:</b>							<b>224.87</b>
<b>Cash Account Total:</b>							<b>224.87</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108822	Closed	3/8/2024	HEDG01	HEDGEROW SOFTWARE LTD.	0.00	9,000.00

  

Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		1274	3Q2024 LICENSE FEES	9,000.00	USD	0.00	9,000.00
<b>Document Total:</b>							<b>9,000.00</b>
<b>Payment Method Total:</b>							<b>9,000.00</b>
<b>Cash Account Total:</b>							<b>9,000.00</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108823	Closed	3/8/2024	KENT02	KENT MICHELLE	0.00	1,240.00
Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		5057	31 CPR RECERTS	1,240.00	USD	0.00	1,240.00
						<b>Document Total:</b>	<b>1,240.00</b>
						<b>Payment Method Total:</b>	<b>1,240.00</b>
						<b>Cash Account Total:</b>	<b>1,240.00</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108824	Closed	3/8/2024	KOOISTRA	KOOISTRA DAVE	0.00	690.00
Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		018521	REFUND PERMITS	690.00	USD	0.00	690.00
						<b>Document Total:</b>	<b>690.00</b>
						<b>Payment Method Total:</b>	<b>690.00</b>
						<b>Cash Account Total:</b>	<b>690.00</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108825	Closed	3/8/2024	LUDLOW1	CARA LUDLOW LMSW, CAADC	0.00	500.00
Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		02232024	MAY 15 PRESENTER FEE	500.00	USD	0.00	500.00
						<b>Document Total:</b>	<b>500.00</b>
						<b>Payment Method Total:</b>	<b>500.00</b>
						<b>Cash Account Total:</b>	<b>500.00</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108827	Closed	3/8/2024	MCKE01	MCKESSON MEDICAL	0.00	342.35
Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Debit Adj.		21713058	CREDIT FOR DAMAGED CASE OF WATER	-19.58	USD	0.00	-19.58
Bill		21740418	2 CS MASK ANTIFOG	261.11	USD	0.00	261.11
Bill		21712144	GBO 1 CS DISTILLED WATER	29.53	USD	0.00	29.53
Bill		21759660	AMBER GLASS BOTTLES 60ML	71.29	USD	0.00	71.29
						<b>Document Total:</b>	<b>342.35</b>
						<b>Payment Method Total:</b>	<b>342.35</b>
						<b>Cash Account Total:</b>	<b>342.35</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108828	Closed	3/8/2024	MICH06	MDARD-MICHIGAN DEPARTMENT OF AGRICULTURE	0.00	144.00
Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		791-11183739	FOOD FEES	144.00	USD	0.00	144.00
						<b>Document Total:</b>	<b>144.00</b>
						<b>Payment Method Total:</b>	<b>144.00</b>
						<b>Cash Account Total:</b>	<b>144.00</b>



CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108829	Closed	3/8/2024	MICH21	MICHIGAN CENTER FOR RURAL HEALTH	0.00	355.00
Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		04252024	4/25 TRAINING ROCHELLE O'SHAY	355.00	USD	0.00	355.00
<b>Document Total:</b>							<b>355.00</b>
<b>Payment Method Total:</b>							<b>355.00</b>
<b>Cash Account Total:</b>							<b>355.00</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108830	Closed	3/8/2024	MICH24	MEHA	0.00	1,500.00
Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		2024MEHA	TRAININGS; DAWKINS, FOWLER, HYSLOP, JANSKI, TRISCH, SMITHM, BLAISELL	1,500.00	USD	0.00	1,500.00
<b>Document Total:</b>							<b>1,500.00</b>
<b>Payment Method Total:</b>							<b>1,500.00</b>
<b>Cash Account Total:</b>							<b>1,500.00</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108831	Closed	3/8/2024	MISD01	MISDU - FRIEND OF COURT	0.00	392.19
Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		03082024	3/8/24 EMPLOYEE DEDUCTION	392.19	USD	0.00	392.19
<b>Document Total:</b>							<b>392.19</b>
<b>Payment Method Total:</b>							<b>392.19</b>
<b>Cash Account Total:</b>							<b>392.19</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108832	Closed	3/8/2024	NAT01	NATIONAL RESTAURANT ASSOCIATION	0.00	8,154.92
Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		16N8763839	110 SERVSAFE MANAGER BOOKS	8,154.92	USD	0.00	8,154.92
<b>Document Total:</b>							<b>8,154.92</b>
<b>Payment Method Total:</b>							<b>8,154.92</b>
<b>Cash Account Total:</b>							<b>8,154.92</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108833	Closed	3/8/2024	NURS01	NURSE ADMINISTRATORS FORUM	0.00	85.00
Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		2024 DOAK	SARAH DOAK	50.00	USD	0.00	50.00
Bill		2024 STRATTON	JENNIFER STRATTON	35.00	USD	0.00	35.00
<b>Document Total:</b>							<b>85.00</b>
<b>Payment Method Total:</b>							<b>85.00</b>
<b>Cash Account Total:</b>							<b>85.00</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108834	Closed	3/8/2024	PETT01	PETTY CASH FUND - ADMINISTRATION	0.00	71.55
Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		FEB2024	DISTILLED WATER	71.55	USD	0.00	71.55
<b>Document Total:</b>							<b>71.55</b>
<b>Payment Method Total:</b>							<b>71.55</b>
<b>Cash Account Total:</b>							<b>71.55</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108835	Closed	3/8/2024	PHF01	PUBLIC HEALTH FOUNDATION	0.00	4,500.00
Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		24-073	50% CONTRACT FOR WORKFORCE DEVELOPMENT PLAN	4,500.00	USD	0.00	4,500.00
<b>Document Total:</b>							<b>4,500.00</b>
<b>Payment Method Total:</b>							<b>4,500.00</b>
<b>Cash Account Total:</b>							<b>4,500.00</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108836	Closed	3/8/2024	PREIN01	PREIN&NEWHOF	0.00	911.00
Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		113350	WATER LABS	911.00	USD	0.00	911.00
<b>Document Total:</b>							<b>911.00</b>
<b>Payment Method Total:</b>							<b>911.00</b>
<b>Cash Account Total:</b>							<b>911.00</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108837	Closed	3/8/2024	RICO01	RICOH USA INC	0.00	787.78
Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		5069024243	FEB2024 COPIES	787.78	USD	0.00	787.78
<b>Document Total:</b>							<b>787.78</b>
<b>Payment Method Total:</b>							<b>787.78</b>
<b>Cash Account Total:</b>							<b>787.78</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108838	Closed	3/8/2024	RSNO01	R&S NORTHEAST LLC	0.00	275.55
Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Debit Adj.		445895CR	CREDIT INV 435598	-21.90	USD	0.00	-21.90
Debit Adj.		441773CR	CREDIT INV 435598	-12.48	USD	0.00	-12.48
Bill		435598	RIFAMPIN CAP 150MG 30CT	34.38	USD	0.00	34.38
Bill		446702	FAMILY PLANNING SUPPLIES	275.55	USD	0.00	275.55
<b>Document Total:</b>							<b>275.55</b>
<b>Payment Method Total:</b>							<b>275.55</b>
<b>Cash Account Total:</b>							<b>275.55</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108839	Closed	3/8/2024	SANO01	SANOVI PASTEUR INC	0.00	764.13
Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		922201017	IMOVAX RABIES	764.13	USD	0.00	764.13
<b>Document Total:</b>							<b>764.13</b>
<b>Payment Method Total:</b>							<b>764.13</b>
<b>Cash Account Total:</b>							<b>764.13</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108840	Closed	3/8/2024	STAP01	STAPLES	0.00	242.00
Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		3559647118	CBO COPY PAPER, ENVELOPES	162.82	USD	0.00	162.82
Bill		3559647121	GBO LEGAL PADS, CARDSTOCK, COLORED PAPER	79.18	USD	0.00	79.18
<b>Document Total:</b>							<b>242.00</b>
<b>Payment Method Total:</b>							<b>242.00</b>
<b>Cash Account Total:</b>							<b>242.00</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108841	Closed	3/8/2024	STAT04	STATE OF MICHIGAN-LAB	0.00	23.00
Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		20240201-32	LABS	23.00	USD	0.00	23.00
<b>Document Total:</b>							<b>23.00</b>
<b>Payment Method Total:</b>							<b>23.00</b>
<b>Cash Account Total:</b>							<b>23.00</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108842	Closed	3/8/2024	UNOD01	UNODEUCE	0.00	1,875.00
Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		INV-2566	PART 4 OF 4;CREATIVE STORYTELLING PARTNERSHIP	1,875.00	USD	0.00	1,875.00
<b>Document Total:</b>							<b>1,875.00</b>
<b>Payment Method Total:</b>							<b>1,875.00</b>
<b>Cash Account Total:</b>							<b>1,875.00</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108843	Closed	3/8/2024	VERI01	VERIZON	0.00	4,669.16
Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		9957492451	2/24-3/23 CELL PHONES, HOT SPOTS	4,669.16	USD	0.00	4,669.16
<b>Document Total:</b>							<b>4,669.16</b>
<b>Payment Method Total:</b>							<b>4,669.16</b>
<b>Cash Account Total:</b>							<b>4,669.16</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108844	Closed	3/8/2024	VERT01	VERTILOCITY	0.00	1,487.50
Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		31015023	2023 ACA FORMS	1,487.50	USD	0.00	1,487.50
						<b>Document Total:</b>	<b>1,487.50</b>
						<b>Payment Method Total:</b>	<b>1,487.50</b>
						<b>Cash Account Total:</b>	<b>1,487.50</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108845	Closed	3/8/2024	WINN01	WINN TELECOM	0.00	3,172.41
Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		MARCH2024	LOCAL/LONG DISTANCE CALLING, INTERNET	3,172.41	USD	0.00	3,172.41
						<b>Document Total:</b>	<b>3,172.41</b>
						<b>Payment Method Total:</b>	<b>3,172.41</b>
						<b>Cash Account Total:</b>	<b>3,172.41</b>

CASH AP CASH ACCOUNT FOR AP

Doc. Type	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	108846	Closed	3/8/2024	WOOD01	WOOD SARAH	0.00	157.50
Doc. Type	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill		02172024	2/12-2/14 CONTRACTUAL	71.25	USD	0.00	71.25
Bill		02242024	2/20-21 CONTRACTUAL	86.25	USD	0.00	86.25
						<b>Document Total:</b>	<b>157.50</b>
						<b>Payment Method Total:</b>	<b>157.50</b>
						<b>Cash Account Total:</b>	<b>157.50</b>

Doc. Type	Count	Amount Paid (USD)
Check	32	51,962.69
Prepayment	0	0.00
Refund	0	0.00
Void Check	0	0.00
<b>Company Total:</b>	<b>32</b>	<b>51,962.69</b>

Balance Sheet

As of February 29, 2024

Assets

Cash & Cash Equivalents	2,355,955.62
Account Receivable	120,844.46
Other Receivables	188,291.68
Prepaid Expenses	29,256.68
VFC Inventory	61,133.06
<b>Total Assets</b>	<b>2,755,481.50</b>

Liabilities

Employee Deductions	47,753.82
Accounts Payable	53,377.62
Due to Others	236,731.40
VFC Inventory	61,133.07
Trust Funds	17,987.17
Deferred Revenues	0.00
Other Long-term Liabs	175,033.00
38901-FUND BALANCE RESTRICTED DENTAL	95,208.84
39001-FUND BALANCE	206,856.39
39004-FUND BALANCE - TECHNICAL/EQUIP	489,494.46
39005-FUND BALANCE-FACILITY DEV.	137,523.00
39007-FUND BALANCE-SELF INS BONDS	13,949.72
39008-FUND BALANCE-FUTURE RETIREMENT	277,269.58
39009-FUND BALANCE-COMPENSATED LEAVE	511,844.51
39010-FUND BALANCE-UNEMPLOYMENT	55,000.00
39012-FUND BALANCE - TRAINING	35,000.00
39013-FUND BALANCE - BRFS	11,522.00
39014-FUND BALANCE-HEALTH INSURANCE	125,451.00
39015-FUND BALANCE-POTENTIAL CLAIMS	75,457.00
39017-FUND BALANCE CHW	150,000.00
39018-FUND BALANCE OPEB	77,778.00
Net Income / (Loss)	(98,889.08)
<b>Total Liabilities</b>	<b>2,755,481.50</b>

Difference	0.00
------------	------

REVENUE-EXPENSE

As of February 29, 2024

ALL PROGRAMS

	BUDGET (AMENDMENT #1)	CURRENT MONTH	YEAR TO DATE	BUDGET BALANCE	% YTD
<b>REVENUE</b>					
ELPHS	1,783,702.00	344,923.00	854,139.00	293,172.00	48%
MDHHS GRANTS	3,175,076.00	62,299.00	1,258,409.00	1,982,323.00	40%
MDHHS FEE FOR SERVICE	50,000.00	0.00	7,357.74	64,642.26	15%
EGL E GRANTS	252,000.00	-7,240.62	84,782.95	176,232.05	34%
OTHER GRANTS	822,382.00	102,155.89	154,722.44	617,277.56	19%
VFC SUPPLIES	300,000.00	12,573.67	68,536.75	231,463.25	23%
MEDICAID FULL COST	125,000.00	0.00	74,272.12	112,727.88	59%
MEDICAID OUTREACH	125,000.00	6,885.37	6,878.91	163,487.09	6%
MISC INCOME	190,000.00	8,569.84	118,278.37	-93,278.37	62%
ADMINISTRATION	200.00	0.00	0.00	200.00	0%
EH ADMIN	1,000.00	92.51	567.00	433.00	57%
EH MISC	40,000.00	14,770.00	36,685.00	3,315.00	92%
SEWAGE PROGRAM	225,000.00	11,095.00	58,500.00	166,500.00	26%
WATER PROGRAM	165,000.00	6,732.00	40,878.42	124,121.58	25%
FOOD PROGRAM	300,000.00	4,166.00	21,067.00	278,933.00	7%
BODY ART	6,000.00	0.00	5,310.00	-3,810.00	89%
COMMUNICABLE DISEASE	1,000.00	142.00	342.00	1,658.00	34%
IMMUNIZATIONS	200,000.00	10,217.87	133,173.20	66,826.80	67%
STD/STI	2,000.00	86.08	634.66	5,365.34	32%
HIV	100.00	0.00	0.00	1,000.00	0%
BLOOD LEAD	15,000.00	778.36	5,832.75	4,267.25	39%
BCCCP	500.00	-230.00	-302.85	1,302.85	-61%
FAMILY PLANNING	70,000.00	5,188.73	22,350.90	57,649.10	32%
VISION	16,000.00	234.61	7,769.98	13,230.02	49%
HEARING	18,000.00	203.81	9,658.79	11,341.21	54%
BREASTFEEDING PROGRAM	1,500.00	0.00	417.54	-417.54	28%
CLINICAL VARNISH	6,000.00	1,241.00	4,202.56	5,797.44	70%
ORAL HEALTH K-ASSESSMENT	4,000.00	-100.00	1,600.00	-1,600.00	40%
ORAL HEALTH	9,000.00	0.00	4,800.00	5,200.00	53%
CHED ADMINISTRATION	1,000.00	0.00	0.00	1,000.00	0%
SPACE	375,000.00	30,614.25	153,071.26	132,928.74	41%
APPROPRIATIONS	1,135,478.00	96,625.80	475,712.29	659,765.71	42%
<b>TOTAL REVENUE</b>	<b>9,414,938.00</b>	<b>712,024.17</b>	<b>3,609,647.78</b>	<b>5,083,054.22</b>	<b>38%</b>

REVENUE-EXPENSE

As of February 29, 2024

ALL PROGRAMS

	BUDGET (AMENDMENT #1)	CURRENT MONTH	YEAR TO DATE	BUDGET BALANCE	% YTD
<b>EXPENSE</b>					
SALARIES	4,305,821.00	333,555.28	1,750,035.34	2,387,027.66	41%

FICA	320,000.00	24,418.52	127,412.92	189,047.08	40%
HEALTH INSURANCE	841,317.00	71,071.76	348,508.87	489,116.13	41%
DENTAL INSURANCE	50,000.00	4,212.60	20,517.18	22,311.82	41%
RETIREMENT	715,000.00	45,631.71	249,412.81	333,818.19	35%
OTHER BENEFITS	30,000.00	1,443.96	12,486.30	22,457.70	42%
OFFICE SUPPLIES	120,600.00	12,201.11	44,841.82	51,458.18	37%
COMPUTER SUPPLIES	45,000.00	14,667.47	19,575.38	31,924.62	44%
MEDICAL SUPPLIES	72,000.00	15,818.66	37,900.87	99.13	53%
BIOLOGICS	265,000.00	1,459.68	188,266.32	-138,266.32	71%
VFC	300,000.00	12,573.67	68,536.75	231,463.25	23%
OTHER SUPPLIES	1,000.00	0.00	0.00	0.00	0%
CAPITAL EXPENSE	10,000.00	0.00	0.00	50,000.00	0%
SOFTWARE PURCHASES	1,000.00	0.00	0.00	0.00	0%
CONTRACTUAL	1,282,200.00	65,255.68	441,748.29	884,801.71	34%
LABS	2,000.00	196.18	481.20	2,018.80	24%
COMMUNICATIONS	100,000.00	10,851.75	42,294.81	61,305.19	42%
TRAVEL/TRAINING	165,000.00	10,626.05	65,850.70	55,349.30	40%
MEMBERSHIPS	35,000.00	3,978.00	18,998.62	22,101.38	54%
ADVERTISING	50,000.00	190.60	1,705.87	25,794.13	3%
LIABILITY INSURANCE	67,000.00	5,614.92	28,074.57	36,925.43	42%
LEASE & MAINTENANCE	205,000.00	1,676.57	69,176.16	90,123.84	34%
RENT	37,000.00	2,666.67	14,776.32	12,223.68	40%
SPACE	375,000.00	30,614.25	153,071.26	110,928.74	41%
MISC EXPENSE	20,000.00	1,249.97	4,864.50	12,135.50	24%
<b>TOTAL EXPENSE</b>	<b>9,414,938.00</b>	<b>669,975.06</b>	<b>3,708,536.86</b>	<b>4,984,165.14</b>	<b>39%</b>
<b>Net Income (Loss)</b>	<b>0.00</b>	<b>42,049.11</b>	<b>-98,889.08</b>	<b>98,889.08</b>	



**CLINTON OFFICE**  
 1307 E. Townsend Rd.  
 Saint Johns, MI 48879-9036  
 (989) 224-2195

**GRATIOT OFFICE**  
 151 Commerce Dr.  
 Ithaca, MI 48847-1627  
 (989) 875-3681

**MONTCALM OFFICE**  
 615 N. State St.  
 Stanton, MI 48888-9702  
 (989) 831-5237

<b>BOARD OF HEALTH:</b>	Bruce DeLong	George Bailey	Phil Kohn
	David Pohl	Steven Sopocy	Adam Petersen

March 27, 2024

ADMINISTRATOR: Sarah Doak, CHED Director

SUBJECT: Oral Health Fees: D0191 & D1206

Information Only

Action Needed

I. Authority For This Action:

Local Policy

Law or Rule Public Health Code, Act 368 of 1978, MCL 333.2417

II. Summary:

Two of our oral health services are providing 1. a screening to identify signs of disease, malformation, injury, or an urgent need for a referral to a Dentist and 2. a fluoride varnish application to a child’s teeth. Commercial insurances as well as Medicaid have recently increased their reimbursement rates for these two services. In order to capture the full amount of reimbursement, we request to raise our fees.

III. Strategic Objective, Health Issue, or other Need Addressed:

IV. Fiscal Impact and Cost:

Fee increase will allow for full reimbursement from insurance companies for services provided in this program.

V. Alternatives Considered:

Not applicable

VI. Recommendation:

Current Fees:                    D0191 \$25                    D1206 \$30

Recommended Fees:            D0191 \$35                    D1206 \$40

VII. Monitoring and Reporting Timeline:

Financial reports specific to the oral health fees can be presented at future BOH meetings as requested.





**CLINTON OFFICE**  
 1307 E. Townsend Rd.  
 Saint Johns, MI 48879-9036  
 (989) 224-2195

**GRATIOT OFFICE**  
 151 Commerce Dr.  
 Ithaca, MI 48847-1627  
 (989) 875-3681

**MONTCALM OFFICE**  
 615 N. State St.  
 Stanton, MI 48888-9702  
 (989) 831-5237

<b>BOARD OF HEALTH:</b>	Bruce DeLong	George Bailey	Phil Kohn
	David Pohl	Steven Sopocy	Adam Petersen

March 19, 2024

ADMINISTRATOR: Melissa Selby  
 SUBJECT: Position Reclassification

Information Only

Action Needed

I. Authority For This Action:

Local Policy

Law or Rule

II. Summary:

When a vacancy arises within the agency, the leadership team takes the opportunity to review the job description to determine if there are any changes that are needed. It is important to align the position with current business operations and to attract the best candidates for any open positions. The Agency is currently reviewing the Financial Specialist position due to the upcoming retirement of the current employee on May 16, 2024. It was determined that an emphasis on a bachelor’s degree in accounting or business administration is preferable or a combination of education with directly related experience. This will help with analyzing financial information both internally and using external financial software necessary for entering and reporting on State funding sources.

While reviewing the Financial Specialist position, it was determined that the same emphasis needed to be placed on the Human Resources Specialist position which is within the same classification level. The complexity and independent judgement required for these positions is also a factor in requesting the reclassification.

The current employees that are in both the Financial Specialist and Human Resources Specialist position have been with the Mid-Michigan District Health Department for more than 30 years.

III. Strategic Objective, Health Issue, or other Need Addressed:

To ensure that the workforce classification adequately reflects the skills and education that are required for the positions.

IV. Fiscal Impact and Cost:

The Finance Specialist and Human Resource Specialist are currently at a Level 5 classification within the non-union employees. The next classification within non-union is the Level 8 classification. with a pay scale between \$25.49 to \$28.72 per hour. We modified the scale slightly to reflect these positions and in line with other positions within the agency as there is currently nobody in the Level 8 classification. The following is the modified scale:

Step 1: \$23.79  
Step 2: \$24.64  
Step 3: \$25.49  
Step 4: \$26.34  
Step 5: \$27.19  
Step 6: \$28.04

The current level 5, where the Financial Specialist and Human Resource Specialist are currently a range from \$21.09-\$26.55.

The immediate fiscal effect will be neutral because a new person coming into the position will make less than the current classification at the top of the pay scale. This will offset the increase in the other position. The long term fiscal effect will be approximately \$7,000 per year at the top levels. This will be built into the budget in the future.

V. Alternatives Considered:  
None

VI. Recommendation:

MMDHD requests that the Board of Health approve the reclassification of these two positions from a Level 5 to a Level 8 within the non-union wage bands.

VII. Monitoring and Reporting Timeline

The normal financial reports will continue to monitor overall salaries and benefits.



**CLINTON OFFICE**  
 1307 E. Townsend Rd.  
 Saint Johns, MI 48879-9036  
 (989) 224-2195

**GRATIOT OFFICE**  
 151 Commerce Dr.  
 Ithaca, MI 48847-1627  
 (989) 875-3681

**MONTCALM OFFICE**  
 615 N. State St.  
 Stanton, MI 48888-9702  
 (989) 831-5237

<b>BOARD OF HEALTH:</b>	Bruce DeLong	George Bailey	Phil Kohn
	David Pohl	Steven Sopocy	Adam Petersen

March 19, 2024

ADMINISTRATOR: Melissa Selby, Administrative Services Division Director

SUBJECT: Sick Leave Pay Out

Information Only

Action Needed

I. Authority For This Action:

Local Policy

Law or Rule

II. Summary:

In our discussions with the Non-Union employees in the summer of 2023, one of the requests that came from the group was regarding increasing the sick payout at the end of their employment. Part of the reasoning that was made for the request was to reward employees who had been with the agency for a significant amount of time who had balances in their sick time that would be forfeited. During the discussion, we narrowed it down to a request for up to 40 hours of additional sick leave pay out for those that had been with the agency for 20 years and up to 80 hours of additional sick leave pay out for those that had been with the agency for 30 years.

Currently, employees will only receive ½ of their sick pay out, up to 240 hours, after 10 years of service. The request still incorporates the ½ of the sick pay out but increases the capped hours up to 280 hours for over 20 years of service and up to 320 hours for over 30 years of service.

III. Strategic Objective, Health Issue, or other Need Addressed:

Provide an extra incentive for those that have not needed to fully utilize their sick banks and have had a long-term employment with the agency.

IV. Fiscal Impact and Cost:

The cost to the agency is estimated to be approximately \$5,000 per year. This is an estimate as it cannot be determined when people will actually terminate their employment and whether at that point they have met the criteria as described above. The cost for the employees that have currently met the criteria is \$16,930 but not all employees will leave within the next year.

V. Alternatives Considered:

Not implementing the sick leave additional payout as requested by employees.

VI. Recommendation:

The request is to implement the policy.

VII. Monitoring and Reporting Timeline:

Financial reports specific to the amount of the payouts within a year can be presented if requested.