



AGENDA FORT SCOTT CITY COMMISSION FORT SCOTT CITY HALL COMMISSION ROOM 123 SOUTH MAIN MAY 1, 2018 6:00 P.M.

I. <u>ROLL CALL</u>:

ADAMSON BARTELSMEYER NICHOLS PARKER MITCHELL

II. FLAG SALUTE

III. <u>**INVOCATION**</u>: Pastor James Collins, First Southern Baptist Church

IV. PROCLAMATIONS/RECOGNITIONS:

National Nursing Home Week - May 13-19, 2018

Recognition of Employees

V. CONSENT AGENDA:

- A. Approval of minutes of the regular meeting of April 17th, 2018.
- B. Approval of Appropriation Ordinance 1214-A totaling \$411,857.94.
- C. Resolution 24-2018 Notice of Hearing with Reference to Alleged Unsafe and Dangerous Structure and Accessory Structure located at 211 N. Lincoln Street – Public Hearing Date – 6/19/2018 at 6:15 p.m.

VII. APPEARANCE/COMMENTS/PUBLIC HEARING:

A. <u>APPEARANCE</u>:

Matt & Cherie Witt – Autism Awareness (video presentation)

Amber Toth – Fort Scott Project

First Impressions project – Lindsay Madison & Carla Nemecek

6:00 p.m. Notification of Intent to File Application for Financial Assistance with USDA Rural Development for improvements to the City's water system

B. <u>**CITIZEN COMMENTS</u>** (Concerning Items Not on Agenda – 3 minute limit per citizen)</u>



C. PUBLIC HEARINGS/COMMENTS:

6:15 p.m. Resolution 22-2018 directing the repair or removal of an unsafe and dangerous structure located at 1602 E. Oak Street

6:15 p.m. Resolution 23-2018 directing the repair or removal of an unsafe and dangerous structure located at 504 S. Judson Street

6:15 p.m. Resolution 25-2018 - Resolution directing the repair or removal of an alleged unsafe and dangerous structure located at 523 S. Main Street

6:15 p.m. Resolution 15-2018 - Resolution directing the repair or removal of an alleged unsafe and dangerous structure and accessory structure located at 1601 E. Wall Street

VIII. CONSIDERATION:

- 1. Installation of speed bumps on Old Fort Boulevard
- 2. Consideration of updated Employee Handbook
- 3. Consideration of Drug Dog

IX. COMMENTS:

- A. Director Updates:
- **B.** Commission:
- C. City Attorney:
- **D.** Director of Finance:
- E. City Manager:

EXECUTIVE SESSION:

I MOVE THAT THE CITY COMMISSION RECESS INTO EXECUTIVE

	IN ORDER TO
(see below justification	.)
	<i>THE</i>
SSION WILL BE	_ MINUTES AND THE OPEN
	(see below justification

MEETING TO RESUME AT _____.

Justifications for Executive Sessions:

- Personnel matters of non-elected personnel
- Consultation with an attorney for the body or agency which would be deemed privileged in the attorney-client relationship
- Matters relating to employer-employee negotiations whether or not in consultation with the representative or representatives of the body or agency
- Confidential data relating to financial affairs or trade secrets of corporations, partnerships, trusts and individual proprietorships
- Preliminary discussions relating to the acquisition of real property

X. MOTION FOR ADJOURNMENT: ROLL CALL

Proclamation Nursing Home Week

WHEREAS, interest in and understanding of the long term care delivery system has become increasingly important due to the growing number of elderly and disabled Americans;

WHEREAS, long term care providers are dedicated to providing quality care and educating citizens in their communities about the quality of long term care services available;

WHEREAS, the reform of America's health care system is a major concern for nursing facility residents, their families, staff, and the American public in general;

WHEREAS, the members of the American Health Care Association proudly sponsors National Nursing Home Week 2018 "Celebrating Life's Stories" and invite the citizens of Fort Scott to visit nursing facilities to benefit from the knowledge and experience of their residents, family members, volunteers, and staff;

THEREFORE, do I, JoLynne Mitchell, Mayor of the City of Fort Scott proclaim May 13-19, 2018 as Nursing Home Week in this community and urge all citizens to support quality of life in nursing facilities by visiting the residents of these facilities and by learning more about long term care in Fort Scott and across the nation.

JoLynne Mitchell, Mayor

ATTEST:

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Diane K, Clay, City Clerk

Minutes of April 17, 2018

Regular Meeting #8

CITY OF FORT SCOTT CITY COMMISSION MEETING

Minutes of April 17, 2018

Regular Meeting #8

The regular meeting of the Fort Scott City Commission was held April 17th, 2018 at 6:00 p.m. in the City Commission Room, 123 S. Main, Fort Scott, Kansas.

ROLL CALL:

Commissioners Adamson, Bartelsmeyer, Nichols, and Parker were present with Mayor Mitchell presiding.

INVOCATION: Marcy Reynolds, Women's Minister, Community Christian Church, said a prayer asking God for guidance for the city and all government and city officials.

AUDIENCE IN ATTENDANCE: Rachel Pruitt, Bill Peterson, William Polk, Krista Banwart, Trent Banwart, Michael Mix, Patrick Flanagan, Frank Adamson, Paul Ballou, Deb Needleman, Janet Braun, Marcy Reynolds, Chad Brown, John Hill, Denton Wescoat, Allyson Turvey, Tiffany Durham, Tom Robertson, Shawn Pritchett, Kevin Davidson, Aaron Gibson, Hunter Adamson, Amy Heitman, Darrell Parker, Larry Gazaway, Travis Shelton, Rhonda Dunn, Clayton Miller, and Jason Silvers, representing the Fort Scott Tribune.

PROCLAMATIONS/RECOGNITIONS:

Recognition of Hair Bow Center – Mayor Mitchell recognized the HairBow Center as they were named in the Inc. 5000 list of the fastest growing companies in the U.S. They began their business in 2008 and quickly expanded and built a 6,500 square foot facility in 2010. The City is proud of their many accomplishments.

Recognition of Police Officer Kevin Davidson and Shawn Pritchett and Police Corporal Aaron Gibson – Travis Shelton, Chief of Police, recognized Corporal Aaron Gibson as he recently attended the Blue Courage training in Shawnee, Kansas and represented the Fort Scott Police Department very well.

Chief Shelton recognized Police Officers Kevin Davidson and Shawn Pritchett for the excellent job they have done since starting to work for the Fort Scott Police Department. They have had many stops with narcotics cases.

APPROVAL OF MINUTES AND APPROPRIATIONS/CONSENT AGENDA:

- A. Approval of minutes of the regular meeting of April 3rd, 2018.
- B. Approval of Appropriation Ordinance 1213-A totaling \$368,247.48.
- C. Certificate of Appropriateness Improvements at 202 Scott Avenue

- D. Certificate of Appropriateness Improvements at 124 E. Wall
- E. Certificate of Appropriateness Removal of north planters at Skubitz Plaza
- F. Certificate of Appropriateness Improvements at 2 S. National
- G. Approval of street closures for Prom April 21, 2018

Bartelsmeyer moved to approve the Consent Agenda. Parker seconded. All voted aye.

APPROVED CONSENT AGENDA.

APPEARANCE/COMMENTS/PUBLIC HEARING:

A. <u>APPEARANCE</u>:

<u>Pat Flanagan and Amy Heitman</u> – Niece Products – Rachel Pruitt introduced Pat Flanagan and Amy Heitman of Niece Products of Fort Scott.

Mr. Flanagan said that he loves Fort Scott. He said that he hired Amy Heitman at their location in Texas as a welder. He asked her to move to Fort Scott as he knew she had a lot to offer. He knew she could assist with a welding grant at Fort Scott Community College. She and her husband moved to Fort Scott in late December.

Amy Heitman stated that she is trying to get more women and more young people interested in the welding program. She is working closely with Fort Scott Community College to further develop their program. She is excited to live in Fort Scott.

<u>Tiffany Durham – Fort Scott National Historic Site</u> – Tiffany appeared before the Commission to inform them of a job opportunity with the Fort this summer. They are looking to hire four (4) high school students from June 18th through August 11th. They will work Tuesday through Saturday with 40 hours per week. They will hire two girls and two boys. The way the jobs are chosen after the applications are received will be on a lottery basis. She said to contact the Fort or go online to fill out an application.

She also requested from the Commission that speed bumps be installed on Old Fort Boulevard. She said that there is a lot of traffic on that street and the vehicles are usually going at a high rate of speed.

City Manager asked the Commission to consider this and it will be brought back before them at the first meeting in May for approval. He has visited with Chad Brown and he said that the speed bumps are not expensive in cost. Minutes of April 17, 2018

B. <u>**CITIZEN COMMENTS**</u> (Concerning Items Not on Agenda – 3 minute limit per citizen) - None

C. PUBLIC HEARINGS:

Parker moved to open the Public Hearing at 6:20 p.m. Bartelsmeyer seconded. Motion carried.

OPENED PUBLIC HEARING AT 6:20 P.M.

6:15 p.m. Resolution 21-2018 Directing the Repair or Removal of an Unsafe and Dangerous Structure and Accessory Structure located at 310 N. Cleveland – Rhonda Dunn, Codes Director, informed the Commission that this structure has had ongoing issues since 2009. There is someone still living in this house. The garage roof has holes in it. The house needs siding and painting and the back deck is unsafe. There are inoperable vehicles there as well as bags of cans and trash around the property. She recommended giving the property owner 30 days to either repair or remove the structure or go out for demolition.

Bill Peterson said he was the property owner and he has been planning to work on it. He has been sick and his wife is not able to help.

Rhonda said that they were put in contact with the Good Neighbor Action Team some time back.

City Manager asked if they had considered housing through the Housing Authority. He and Rhonda will meet with the property owner and Patty Simpson to discuss housing.

Bartelsmeyer moved to approve to give the property owner 30 days to either repair or remove this structure at 310 N. Cleveland. Parker seconded. All voted aye.

APPROVED RESOLUTION NO. 21-2018 DIRECTING THE REPAIR OR REMOVAL OF AN UNSAFE AND DANGEROUS STRUCTURE AND ACCESSORY STRUCTURE LOCATED AT 310 N. CLEVELAND. STRUCTURE MUST BE BROUGHT UP TO 2012 INTERNATIONAL BUILDING CODE BY MAY 25^{TH} , 2018 OR DEMOLITION PROCEEDINGS WILL BEGIN.

Mitchell moved to close the Public Hearing at 6:26 p.m. Adamson seconded. All voted aye.

CLOSED PUBLIC HEARING AT 6:26 P.M.

CONSIDERATION:

1. Removal of media tower at Fisher Park – Dave Martin, City Manager, informed the Commission that the media tower is not used and is a visual concern to patrons. The Recreation Department will pay to

Minutes of April 17, 2018

move the electrical that is hooked up to the building and the City will remove the building.

Tom Robertson, Buck Run Community Center Director, said that he met with the Recreation Department board and they are also in favor of the removal of this tower. The tower holds a lot of moisture and they are unable to store any items there. There are issues with spectators in the stands being able to see also.

Adamson moved to approve to remove the media tower at Fisher Park. Nichols seconded. All voted aye.

APPROVED TO REMOVE MEDIA TOWER FROM FISHER PARK.

2. Consideration of Sanitary Sewer Collection System repairs utilizing the Joplin Tool Box contract – Michael Mix, Public Utilities Director, informed the Commission that he has created a spreadsheet that allows him to prioritize all the sewer lines that have issues. He asked the Commission to approve the 2018-2019 contract with the Joplin Tool Box to utilize them on repairs. He also asked the Commission to allow him to use his entire budget of \$275,000 to make repairs to sewers that are in bad need of repair from his prioritized list.

Mitchell moved to approve the contract with the Joplin Tool Box to utilize them on sewer repairs and to allow him to use his full budget of \$275,000. Parker seconded. All voted aye.

APPROVED THE CONTRACT WITH THE JOPLIN TOOL BOX FOR 2018-2019 TO UTILIZE THEM ON SEWER REPAIRS AND TO ALLOW HIM TO USE HIS FULL BUDGET OF \$275,000.

3. 2018 Asphalt Program – Chad Brown, Public Works Director, informed the Commission that he created a spreadsheet of some of the worst streets in town. This started with Wall Street which is heavily traveled. He received a quote from Killough Construction of Ottawa, Kansas to mill and overlay from Clark Street to Margrave Street in the amount of \$49,188.80 and a quote from Vance Brothers of Kansas City, Missouri to apply the glass pave that will reduce rutting in the asphalt surface in the amount of \$9,821.74. If these companies can complete this work, that will amount to \$108,209.54. The next street that the City would repair is 3rd Street from Clark to Margrave. That is estimated to be around \$89,950.00, which the City will do. There are some water issues on that street which will be completed first. If there are any remaining funds left, the other streets on the list will be worked on. He asked approval for the asphalt program for 2018.

Parker moved to approve the 2018 Asphalt Program. Bartelsmeyer seconded. All voted aye.

APPROVED 2018 ASPHALT PROGRAM.

4. Chairs at Memorial Hall – Larry Gazaway, Convention & Visitor Bureau Director, informed the Commission that he is marketing Memorial Hall. In order to do this, the chairs really need to be replaced. The current chairs are heavy to move and it takes a lot of effort from City departments. He has found some white plastic chairs and showed a chair to the Commission. He will order clips so the chairs are clipped together and a rack to be easily stacked. He asked to order 300 chairs at an estimated cost of \$9,900. He asked to be able to sell the old chairs that are currently there.

Discussion was held if the new chairs could be loaned out to others. It was determined that this was not a good idea.

Bartelsmeyer moved to approve the purchase of 300 chairs, sell the old chairs currently there, and not to allow the new chairs to be loaned out to anyone. Nichols seconded.

APPROVED THE PURCHASE OF 300 CHAIRS, SELL THE OLD CHAIRS CURRENTLY AT MEMORIAL HALL, AND NOT TO ALLOW THE NEW CHAIRS TO BE LOANED OUT TO ANYONE. COST OF THE NEW CHAIRS IS ESTIMATED TO BE \$9,900.

Larry also informed the Commission that Adam and Jennifer LaRoche will be hosting eight (8) Combat Warrior Veterans for a turkey hunt. Three of the eight at the Airport. They will meet up and the Police and Fire Departments, and possibly the Sheriff Department, will have them escorted into town. He is asking people to line National Avenue with signs and flags to welcome these Veterans into our City at 1:30 p.m. that afternoon.

5. Workforce Recruitment – Rachel Pruitt, Economic Development Director, informed the Commission that the City has worked with the Chamber to produce flyers promoting all the job openings in the City. There are over 100 open jobs. This has happened for the last two months and it seems like there are still around 100 jobs open. She and her assistant, Allyson Turvey, will be starting an online campaign through social media to promote jobs. A social strategy for facebook and linked in will be used. A Lunch and Learn luncheon session will be held for all Human Resource specialists on April 20th. Allyson has developed a welcome packet that will be distributed to the Human Resource Departments of major employers in Fort Scott along with local realtors. The packet will also be uploaded to the City's website and facebook page. Rachel informed the Commission that the City has a new facebook page and urged them all to "like" the new page.

COMMISSION/STAFF:

A. Director Updates: Rhonda Dunn – Rhonda shared with the Commission a demolition list update. She will have this spreadsheet for them at the second meeting of each month.

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She said that her department is focusing on grass and weeds. They have several ideas that her department is contemplating. They are having door hangers made that will hang on doors for houses needing attention and door hangers that are positive and thank the homeowner for the great way they keep their yards and houses looking.

B. City Commission:

<u>Adamson</u> – Informed the public that this weekend is when the National Historic Site Reenactment will be held.

Bartelsmeyer – Echoed Commissioner Parker's comments.

<u>Nichols</u> – Nothing to report.

<u>Parker</u> – Thanked the whole team at the City and the way they try to save money and promote the City.

Mitchell - Nothing to report.

- C. City Attorney: Nothing to report.
- **D. Director of Finance:** Nothing to report.

E. City Manager:

 Meet and Greet – Memorial Hall – Approval of alcohol at event – City Manager said that the Bourbon County Action Team is having a Buy and Eat/Meet and Greet event at Memorial Hall on May 3rd, 2018 from 5:30 p.m. to 7:30 p.m. He asked the Commission to approve the use of alcohol for this event.

Nichols moved to approve the use of alcohol for the event on May 3rd, 2018 at Memorial Hall. Adamson seconded. All voted aye.

APPROVED THE USE OF ALCOHOL FOR THE BUY AND EAT/MEET AND GREET EVENT AT MEMORIAL HALL ON MAY 3RD, 2018 FROM 5:30 P.M. TO 7:30 P.M.

- 2. Home Show City Manager thanked Tim and Deb McKenney and the radio station for the great job they do in hosting the Home Show. The City officials heard many positive comments in their booth this past weekend.
- 3. Project List City Manager informed the Commission that the Project List was emailed to them earlier this week. This list is to keep them up to date on projects in the City. There were 20 projects completed in the first quarter of 2018. There are 120 total projects. This list will be given out at the second meeting of each month.

ADJOURNMENT:

Parker moved to adjourn the meeting at 7:20 p.m. Bartelsmeyer seconded. All voted aye.

ADJOURNED MEETING AT 7:20 P.M.

The next regularly scheduled meeting is to be held on May 1^{st} , 2018 at 6:00 p.m.

RECORDED BY:

DIANE K. CLAY CITY CLERK



Fort Scott

Check Report

By Check Number

Vendor Number Bank Code: MM-Mone	Vendor Name Av Market		Payment Date	Payment Type	Discount Am	nount Payment A	mount	Number
65185	ACE PIPE CLEANING INC		04/18/2018	Regular		0.00 1	,072.26	55692
Payable #	Payable Type	Post Date	Payable Descriptio	•	Discount Amount	Payable Amoun	,	
	Account Number	Account	t Name	Item Description	Distribu	tion Amount		
<u>137674</u>	Invoice	04/04/2018	INSPECT & REPAIR	WASTEWATER LINES	0.00	1,072.26	5	
	712-550-763000	IMPROV	/EMENTS	INSPECT & REPAIR WAS	STEWATE	1,072.26		
63804	ACUSHNET COMPANY		04/18/2018	Regular		0.00	333.81	55693
Payable #	Payable Type	Post Date	Payable Description	n		Payable Amoun	t	
	Account Number	Account	t Name	Item Description	Distribu	tion Amount		
<u>905574252</u>	Invoice	04/04/2018	GOLF BALLS FOR R		0.00		2	
	<u>100-420-753000</u>	MERCH	ANDISE FOR RESA	GOLF BALLS FOR RESAL	.E	88.32		
905594027	Invoice	04/06/2018	GOLF BALLS FOR R	ESALE	0.00	181.44	4	
	100-420-753000	MERCH	ANDISE FOR RESA	GOLF BALLS FOR RESAL	.E	181.44		
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<u>905612477</u>	Invoice	04/11/2018	GLOVES FOR RESA	-	0.00		0	
	<u>100-420-753000</u>	MERCH	ANDISE FOR RESA	GLOVES FOR RESALE / C	JOLF CO	64.05		
57711	AT&T		04/18/2018	Regular			154.64	55694
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	Account Number	Account	t Name	Item Description	Distribu	tion Amount		
<u>316 140-0059 42</u>	Invoice	04/11/2018		ELEPHONE / 316 140-00	0.00	154.64	4	
	207-220-723004	UTILITY	- TELEPHONE	2018 OPEN PO / TELEP	HONE / 3	154.64		
64706	AT&T		04/18/2018	Regular		0.00	942.26	55695
Payable #	Payable Type	Post Date	Payable Descriptio	n	Discount Amount	Payable Amoun	t	
	Account Number	Account	• •	Item Description		tion Amount		
5160040409	Invoice	04/11/2018	2018 OPEN PO/VO	ICE OVER IP FLEX/#831	0.00	537.46	5	
	<u>100-190-723004</u>	UTILITY	- TELEPHONE	2018 OPEN PO/VOICE O	OVER IP F	537.46		
6489580407	Invoice	04/11/2018	2018 OPEN PO/IP	OPTNL CMPNTS/ACCT#	0.00	404.80	C	
	100-190-723004	UTILITY	- TELEPHONE	2018 OPEN PO/IP OPTN	NL CMPN	404.80		
56747	BOURBON COUNTY LANDF	ILL	04/18/2018	Regular		0.00	73.50	55696
Payable #	Payable Type	Post Date	Payable Descriptio	-	Discount Amount	Payable Amoun	t	
	Account Number	Account	• •	Item Description		tion Amount		
3501	Invoice	04/12/2018	SKITCH TIRES - LAN	IDFILL (CODES DEPT)	0.00	73.50	D	
	<u>100-240-727005</u>	TRASH /	RECYCLING	SKITCH TIRES - LANDFIL	L (CODE	73.50		
02340	BOURBON COUNTY TREAS	LIRER	04/18/2018	Regular		0.00	179.00	55697
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04122018	Invoice	04/12/2018		08 JEEP, 2005 FORD, 2	0.00		5	
01122010	100-200-750000		LANEOUS COMM	TAG RENEWAL / 2008 J		126.75		
04122018-1	Invoice	04/11/2018	TAG RENEWAL / 20	02 CHEVY (LAKE PATRO	0.00	52.25	5	
	100-200-750000		LANEOUS COMM	TAG RENEWAL / 2002 C	CHEVY (L	52.25		
59277	CENTURYLINK		04/18/2018	Regular		0.00	450.00	55698
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	207 220 723004	OHEITI				-50.00		
03719	CULLIGAN OF JOPLIN		04/18/2018	Regular		0.00	101.45	55699

Vendor Number							_		
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<u>116436</u>	Invoice	04/04/2018		OTTLED WATER & COOL		0.00	101.45		
	<u>100-200-750000</u>	MISCELL	ANEOUS COMM	2018 OPEN PO / BOTTL	ED WATE		101.45		
40400									
10122	JOPLIN FREIGHTLINER SALE		04/18/2018	Regular				44.93	55700
Payable #	Payable Type	Post Date	Payable Descriptio				Payable Amount		
52020000	Account Number	Account		Item Description			ion Amount		
<u>53036006</u>	Invoice	04/11/2018	PROBE ASSY (UNIT			0.00	44.93		
	208-165-742000	EQUIPM	IENT / VEHICLE M	PROBE ASSY (UNIT 840))		44.93		
11000			04/10/2010	Desular			0.00	20.00	FF701
11093	KANSAS DEPARTMENT OF		04/18/2018	Regular	Discount			20.00	55701
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03312018	Invoice	04/11/2018 MVR FEI	(2) MVRS FOR MAR	(2) MVRS FOR MARCH 2	0010	0.00	20.00 20.00		
	<u>100-000-291007</u>		E		2010		20.00		
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		Post Date	Payable Descriptio	0	Discount	Amount	Payable Amount	.59.71	55702
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<u>017-0092 1000 (0</u>			PROTECTION FEE	ROTCTN & CLEAN DRIN		0.00			
	<u>711-000-205100</u> 711 520 727000		RINKING WATER	1ST QTR/WATER PROTO			1,630.82		
	<u>711-520-727009</u>	CLEAN L		1ST QTR/WATER PROTO			1,528.89		
63783			04/18/2018	Pogular			0.00 2.0	87.00	EE 702
Payable #	KRANZ OF KANSAS CITY Payable Type	Post Date	Payable Descriptio	Regular	Discount	Amount	Payable Amount	67.00	55705
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KC2180766	Invoice	03/27/2018		GATE (TG-60-1040TP38)		0.00	2,087.00		
<u>KC2100700</u>	711-530-742000		IENT / VEHICLE M	TOMMYGATE LIFTGATE	(TG-60-1	0.00	2,087.00		
	111-550-742000	LQOIN			(10-00-1		2,007.00		
65288	MCINROY CONTRACTORS L	10	04/18/2018	Regular			0.00 6.4	00.00	55704
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LLC-012020	Invoice	04/04/2018		R REPAIR @ 1716 E WA		0.00	6,400.00		
<u>LLC 012020</u>			CTUAL SERVICES	EMERGENCY SEWER RE		0.00	6.400.00		
	/12-550-727012						0,400.00		
	<u>712-550-727012</u>	CONTRA			PAIR @				
64973		CONTRA		Regular	PAIR @		0.00 2	36.93	55705
64973 Pavable #	MERCY CLINIC		04/18/2018	Regular		Amount		36.93	55705
64973 Payable #	MERCY CLINIC Payable Type	Post Date	04/18/2018 Payable Descriptio	'n	Discount		Payable Amount	36.93	55705
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Payable # 03172018	MERCY CLINIC Payable Type Account Number Invoice 100-200-727000 Invoice	Post Date Account 04/04/2018 PRISONI 04/04/2018	04/18/2018 Payable Descriptio Name NEGOTIATED RATE R CARE NEGOTIATED RATE	n Item Description NEGOTIATED RATE NEGOTIATED RATE	Discount	Distribut 0.00	Payable Amount 25.27 25.27 105.83	36.93	55705
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Payable # 03172018 3200011304501	MERCY CLINIC Payable Type Account Number Invoice 100-200-727000 Invoice 100-200-727000 Invoice	Post Date Account 04/04/2018 PRISONI 04/04/2018 PRISONI 04/04/2018	04/18/2018 Payable Descriptio Name NEGOTIATED RATE R CARE NEGOTIATED RATE R CARE NEGOTIATED RATE	n Item Description NEGOTIATED RATE NEGOTIATED RATE	Discount	Distribut 0.00 0.00	Payable Amount 25.27 25.27 105.83 105.83 105.83	36.93	55705
Payable # 03172018 3200011304501	MERCY CLINIC Payable Type Account Number Invoice 100-200-727000 Invoice 100-200-727000 Invoice	Post Date Account 04/04/2018 PRISONI 04/04/2018 PRISONI 04/04/2018 PRISONI	04/18/2018 Payable Descriptio Name NEGOTIATED RATE R CARE NEGOTIATED RATE R CARE NEGOTIATED RATE	n Item Description NEGOTIATED RATE NEGOTIATED RATE	Discount	Distribut 0.00 0.00	Payable Amount 25.27 25.27 105.83 105.83 105.83 105.83		55705
Payable # 03172018 3200011304501 320001359501	MERCY CLINIC Payable Type Account Number Invoice 100-200-727000 Invoice 100-200-727000 Invoice 100-200-727000	Post Date Account 04/04/2018 PRISONI 04/04/2018 PRISONI 04/04/2018 PRISONI	04/18/2018 Payable Descriptio Name NEGOTIATED RATE ER CARE NEGOTIATED RATE ER CARE NEGOTIATED RATE ER CARE	n Item Description NEGOTIATED RATE NEGOTIATED RATE NEGOTIATED RATE Regular	Discount .	Distribut 0.00 0.00 0.00	Payable Amount 25.27 25.27 105.83 105.83 105.83 105.83		
Payable # 03172018 3200011304501 320001359501 65294 65294	MERCY CLINIC Payable Type Account Number Invoice 100-200-727000 Invoice 100-200-727000 Invoice 100-200-727000 MERCY CLINIC RADIOLOGY	Post Date Account 04/04/2018 PRISONI 04/04/2018 PRISONI 04/04/2018 PRISONI	04/18/2018 Payable Descriptio Name NEGOTIATED RATE R CARE NEGOTIATED RATE R CARE NEGOTIATED RATE R CARE 04/18/2018 Payable Descriptio	n Item Description NEGOTIATED RATE NEGOTIATED RATE NEGOTIATED RATE Regular	Discount d	Distribut 0.00 0.00 0.00 Amount	Payable Amount 25.27 25.27 105.83 105.83 105.83 105.83 0.00		
Payable # 03172018 3200011304501 320001359501 65294 65294	MERCY CLINIC Payable Type Account Number Invoice 100-200-727000 Invoice 100-200-727000 Invoice 100-200-727000 MERCY CLINIC RADIOLOGY Payable Type Account Number Invoice	Post Date Account 04/04/2018 PRISON 04/04/2018 PRISON 04/04/2018 READS Post Date Account 04/04/2018	04/18/2018 Payable Descriptio NegOTIATED RATE R CARE NEGOTIATED RATE R CARE NEGOTIATED RATE R CARE 04/18/2018 Payable Descriptio Name INMATE CLAIMS	n Item Description NEGOTIATED RATE NEGOTIATED RATE NEGOTIATED RATE Regular n Item Description	Discount d	Distribut 0.00 0.00 0.00 Amount	Payable Amount 25.27 25.27 105.83 105.83 105.83 0.00 Payable Amount ion Amount 32.59		
Payable # 03172018 3200011304501 320001359501	MERCY CLINIC Payable Type Account Number Invoice 100-200-727000 Invoice 100-200-727000 Invoice 100-200-727000 MERCY CLINIC RADIOLOGY Payable Type Account Number	Post Date Account 04/04/2018 PRISONE 04/04/2018 PRISONE 04/04/2018 READS Post Date Account	04/18/2018 Payable Descriptio NegOTIATED RATE R CARE NEGOTIATED RATE R CARE NEGOTIATED RATE R CARE 04/18/2018 Payable Descriptio Name INMATE CLAIMS	n Item Description NEGOTIATED RATE NEGOTIATED RATE NEGOTIATED RATE Regular n	Discount d	Distribut 0.00 0.00 0.00 Amount Distribut	Payable Amount 25.27 25.27 105.83 105.83 105.83 0.00 Payable Amount		
Payable # 03172018 3200011304501 320001359501 65294 Payable # KS119396510	MERCY CLINIC Payable Type Account Number Invoice 100-200-727000 Invoice 100-200-727000 Invoice 100-200-727000 MERCY CLINIC RADIOLOGY Payable Type Account Number Invoice 100-200-727000	Post Date Account 04/04/2018 PRISON 04/04/2018 PRISON 04/04/2018 READS Post Date Account 04/04/2018	04/18/2018 Payable Descriptio Name NEGOTIATED RATE R CARE NEGOTIATED RATE R CARE NEGOTIATED RATE R CARE 04/18/2018 Payable Descriptio Name INMATE CLAIMS R CARE	n Item Description NEGOTIATED RATE NEGOTIATED RATE NEGOTIATED RATE Regular n Item Description INMATE CLAIMS	Discount d	Distribut 0.00 0.00 0.00 Amount Distribut	Payable Amount 25.27 25.27 105.83 105.83 105.83 0.00 Payable Amount ion Amount 32.59 32.59	32.59	55706
Payable # 03172018 3200011304501 320001359501 65294 Payable # KS119396510 64955	MERCY CLINIC Payable Type Account Number Invoice 100-200-727000 Invoice 100-200-727000 Invoice 100-200-727000 MERCY CLINIC RADIOLOGY Payable Type Account Number Invoice 100-200-727000 MERCY HOSPITAL P C	Post Date Account 04/04/2018 PRISONI 04/04/2018 PRISONI 04/04/2018 READS Post Date Account 04/04/2018 PRISONI	04/18/2018 Payable Descriptio Name NEGOTIATED RATE R CARE NEGOTIATED RATE R CARE NEGOTIATED RATE R CARE 04/18/2018 Payable Descriptio Name INMATE CLAIMS R CARE 04/18/2018	n Item Description NEGOTIATED RATE NEGOTIATED RATE NEGOTIATED RATE Regular n Item Description INMATE CLAIMS Regular	Discount a	Distribut 0.00 0.00 0.00 Amount Distribut 0.00	Payable Amount 25.27 25.27 105.83 105.83 105.83 105.83 0.00 Payable Amount 32.59 32.59 0.00 7		55706
Payable # 03172018 3200011304501 320001359501 65294 Payable # KS119396510	MERCY CLINIC Payable Type Account Number Invoice 100-200-727000 Invoice 100-200-727000 Invoice 100-200-727000 MERCY CLINIC RADIOLOGY Payable Type Account Number Invoice 100-200-727000 MERCY HOSPITAL P C Payable Type	Post Date Account 04/04/2018 PRISONI 04/04/2018 PRISONI 04/04/2018 READS Post Date Account 04/04/2018 PRISONI	04/18/2018 Payable Descriptio Name NEGOTIATED RATE RCARE NEGOTIATED RATE RCARE NEGOTIATED RATE RCARE 04/18/2018 Payable Descriptio Name INMATE CLAIMS RCARE 04/18/2018 Payable Descriptio	n Item Description NEGOTIATED RATE NEGOTIATED RATE NEGOTIATED RATE Regular n Item Description INMATE CLAIMS Regular n	Discount d	Distribut 0.00 0.00 0.00 Amount Distribut 0.00 Amount	Payable Amount 25.27 25.27 105.83 105.83 105.83 105.83 0.00 Payable Amount 32.59 32.59 0.00 7 Payable Amount	32.59	55706
Payable # 03172018 3200011304501 320001359501 65294 Payable # KS119396510 64955 Payable #	MERCY CLINIC Payable Type Account Number Invoice 100-200-727000 Invoice 100-200-727000 Invoice 100-200-727000 MERCY CLINIC RADIOLOGY Payable Type Account Number Invoice 100-200-727000 MERCY HOSPITAL P C Payable Type Account Number	Post Date Account 04/04/2018 PRISONI 04/04/2018 PRISONI 04/04/2018 READS Post Date Account 04/04/2018 PRISONI	04/18/2018 Payable Descriptio Name NEGOTIATED RATE R CARE NEGOTIATED RATE R CARE NEGOTIATED RATE R CARE 04/18/2018 Payable Descriptio Name 04/18/2018 Payable Descriptio Name	n Item Description NEGOTIATED RATE NEGOTIATED RATE NEGOTIATED RATE NEGOTIATED RATE Regular Item Description INMATE CLAIMS Regular n Item Description	Discount d	Distribut 0.00 0.00 0.00 Amount Distribut 0.00 Amount Distribut	Payable Amount 25.27 25.27 105.83 105.83 105.83 105.83 0.00 Payable Amount 32.59 0.00 7 Payable Amount 105.00 0.00 7 Payable Amount 105.00 7 105.00	32.59	55706
Payable # 03172018 3200011304501 320001359501 65294 Payable # KS119396510 64955	MERCY CLINIC Payable Type Account Number Invoice 100-200-727000 Invoice 100-200-727000 Invoice 100-200-727000 MERCY CLINIC RADIOLOGY Payable Type Account Number Invoice 100-200-727000 MERCY HOSPITAL P C Payable Type Account Number Invoice	Post Date Account 04/04/2018 PRISONI 04/04/2018 PRISONI 04/04/2018 Post Date Account 04/04/2018 PRISONI	04/18/2018 Payable Descriptio Name NEGOTIATED RATE R CARE NEGOTIATED RATE R CARE NEGOTIATED RATE R CARE 04/18/2018 Payable Descriptio Name INMATE CLAIMS ER CARE 04/18/2018 Payable Descriptio Name NEGOTIATED RATE	n Item Description NEGOTIATED RATE NEGOTIATED RATE NEGOTIATED RATE Regular Item Description INMATE CLAIMS Regular Item Description	Discount d	Distribut 0.00 0.00 0.00 Amount Distribut 0.00 Amount	Payable Amount 25.27 25.27 105.83 105.83 105.83 105.83 0.00 Payable Amount 32.59 0.00 7 Payable Amount 192.44	32.59	55706
Payable # 03172018 3200011304501 320001359501 65294 Payable # KS119396510 64955 Payable #	MERCY CLINIC Payable Type Account Number Invoice 100-200-727000 Invoice 100-200-727000 Invoice 100-200-727000 MERCY CLINIC RADIOLOGY Payable Type Account Number Invoice 100-200-727000 MERCY HOSPITAL P C Payable Type Account Number	Post Date Account 04/04/2018 PRISONI 04/04/2018 PRISONI 04/04/2018 READS Post Date Account 04/04/2018 PRISONI	04/18/2018 Payable Descriptio Name NEGOTIATED RATE R CARE NEGOTIATED RATE R CARE NEGOTIATED RATE R CARE 04/18/2018 Payable Descriptio Name INMATE CLAIMS ER CARE 04/18/2018 Payable Descriptio Name NEGOTIATED RATE	n Item Description NEGOTIATED RATE NEGOTIATED RATE NEGOTIATED RATE NEGOTIATED RATE Regular Item Description INMATE CLAIMS Regular n Item Description	Discount d	Distribut 0.00 0.00 0.00 Amount Distribut 0.00 Amount Distribut	Payable Amount 25.27 25.27 105.83 105.83 105.83 105.83 0.00 Payable Amount 32.59 0.00 7 Payable Amount 105.00 0.00 7 Payable Amount 105.00 7 105.00	32.59	55706
Payable # 03172018 3200011304501 320001359501 65294 Payable # KS119396510 64955 Payable #	MERCY CLINIC Payable Type Account Number Invoice 100-200-727000 Invoice 100-200-727000 Invoice 100-200-727000 MERCY CLINIC RADIOLOGY Payable Type Account Number Invoice 100-200-727000 MERCY HOSPITAL P C Payable Type Account Number Invoice	Post Date Account 04/04/2018 PRISONI 04/04/2018 PRISONI 04/04/2018 Post Date Account 04/04/2018 PRISONI	04/18/2018 Payable Descriptio Name NEGOTIATED RATE R CARE NEGOTIATED RATE R CARE NEGOTIATED RATE R CARE 04/18/2018 Payable Descriptio Name INMATE CLAIMS ER CARE 04/18/2018 Payable Descriptio Name NEGOTIATED RATE	n Item Description NEGOTIATED RATE NEGOTIATED RATE NEGOTIATED RATE Regular Item Description INMATE CLAIMS Regular Item Description	Discount d	Distribut 0.00 0.00 0.00 Amount Distribut 0.00 Amount Distribut	Payable Amount 25.27 25.27 105.83 105.83 105.83 105.83 0.00 Payable Amount 32.59 0.00 7 Payable Amount 192.44	32.59	55706
Payable # 03172018 3200011304501 320001359501 65294 Payable # KS119396510 64955 Payable # 3200011304500	MERCY CLINIC Payable Type Account Number Invoice 100-200-727000 Invoice 100-200-727000 Invoice 100-200-727000 MERCY CLINIC RADIOLOGY Payable Type Account Number Invoice 100-200-727000 MERCY HOSPITAL P C Payable Type Account Number Invoice 100-200-727000	Post Date Account 04/04/2018 PRISONE 04/04/2018 PRISONE 04/04/2018 PRISONE 04/04/2018 PRISONE Post Date Account 04/04/2018 PRISONE	04/18/2018 Payable Descriptio Name NEGOTIATED RATE R CARE NEGOTIATED RATE R CARE NEGOTIATED RATE R CARE 04/18/2018 Payable Descriptio Name INMATE CLAIMS R CARE 04/18/2018 Payable Descriptio Name NEGOTIATED RATE R CARE NEGOTIATED RATE	n Item Description NEGOTIATED RATE NEGOTIATED RATE NEGOTIATED RATE Regular Item Description INMATE CLAIMS Regular Item Description	Discount d	Distribut 0.00 0.00 Amount Distribut 0.00 Amount Distribut 0.00	Payable Amount 25.27 25.27 105.83 105.83 105.83 0.00 Payable Amount 32.59 0.00 7 Payable Amount ion Amount 192.44 192.44	32.59	55706
Payable # 03172018 3200011304501 320001359501 65294 Payable # KS119396510 64955 Payable # 3200011304500	MERCY CLINIC Payable Type Account Number Invoice 100-200-727000 Invoice 100-200-727000 Invoice 100-200-727000 MERCY CLINIC RADIOLOGY Payable Type Account Number Invoice 100-200-727000 MERCY HOSPITAL P C Payable Type Account Number Invoice 100-200-727000 Invoice	Post Date Account 04/04/2018 PRISONE 04/04/2018 PRISONE 04/04/2018 PRISONE Account 04/04/2018 PRISONE Post Date Account 04/04/2018 PRISONE 04/04/2018	04/18/2018 Payable Descriptio Name NEGOTIATED RATE R CARE NEGOTIATED RATE R CARE NEGOTIATED RATE R CARE 04/18/2018 Payable Descriptio Name INMATE CLAIMS R CARE 04/18/2018 Payable Descriptio Name NEGOTIATED RATE R CARE NEGOTIATED RATE	n Item Description NEGOTIATED RATE NEGOTIATED RATE NEGOTIATED RATE Regular n Item Description INMATE CLAIMS Regular n Item Description NEGOTIATED RATE	Discount d	Distribut 0.00 0.00 Amount Distribut 0.00 Amount Distribut 0.00	Payable Amount 25.27 25.27 105.83 105.83 105.83 0.00 Payable Amount 32.59 0.00 7 Payable Amount 192.44 192.44 491.50	32.59	55706

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,	Vendor Number	Vendor Name		Payment Date	Payment Type	Discount	Amount	Payment Ar	nount	Number
	<u>3200013673700</u>	Invoice	04/04/2018	NEGOTIATED RATE	E	0.	00	20.45		
		100-200-727000	PRISO	NER CARE	NEGOTIATED RATE			20.45		
	62473	MERCY KANSAS		04/18/2018	Regular		0.00	2	270.00	55708
	Payable #	Payable Type	Post Date	Payable Description	0	Discount Amou				
	i ayabic ii	Account Number		nt Name	Item Description		bution A			
	03012018 / 3200		04/11/2018	EXEC WELLNESS	Rem Description		00	50.00		
	03012018 / 3200	Invoice				0.	50			
		<u>100-130-727012</u>	CONT	RACTUAL SERVICES	EXEC WELLNESS			50.00		
	<u>605720581</u>	Invoice	04/02/2018	EXEC WELLNESS, D	RUG SCREENINGS, NE	0.	00	220.00		
		100-130-727012	CONT	RACTUAL SERVICES	EXEC WELLNESS			82.00		
		100-220-727012	CONT	RACTUAL SERVICES	(2) NEW HIRE SCREENI	NGS		88.00		
		204-300-727012	CONT	RACTUAL SERVICES	RETURN TO WORK DRU	JG SCREE		25.00		
		712-540-727012		RACTUAL SERVICES	RANDOM DRUG SCREE	N		25.00		
		<u></u>								
	65192	MERCY SPECIALIZED BILLIN		04/18/2018	Regular		0.00		34 50	55709
	Payable #	Payable Type	Post Date	Payable Descriptio	-	Discount Amou			5 1.50	33703
	r ayabie #	Account Number		nt Name			bution A			
	14 700									
	<u>14 793</u>	Invoice	04/02/2018	()	PLOYEE DRUG SCREENS		00	34.50		
		<u>100-140-727012</u>	CONTR	RACTUAL SERVICES	(23) RANDOM EMPLOY	IEE DRUG		34.50		
	64340	QTPOD		04/18/2018	Regular		0.00	, -	95.00	55710
	Payable #	Payable Type	Post Date	Payable Description		Discount Amou				
		Account Number		nt Name	Item Description		bution A			
	<u>03052018</u>	Invoice	03/08/2018	GOLD SERVICE AGI	REEMENT / AIRPORT	0.	00	1,095.00		
		100-310-727004	MAIN	TENANCE AGREEME	GOLD SERVICE AGREEN	MENT / AI	1,	,095.00		
	65251	REFLECTIVE APPAREL FACT	ORY INC	04/18/2018	Regular		0.00		91.51	55711
	Payable #	Payable Type	Post Date	Payable Description	on	Discount Amou	nt Pay	able Amount		
		Account Number	Accou	nt Name	Item Description	Distri	bution A	mount		
	<u>146148</u>	Invoice	04/10/2018	(4) T-SHIRTS / WAT	TER DIST	0.	00	91.51		
		711-510-747000	UNIFC	RMS AND CLOTHIN	(4) T-SHIRTS / WATER	DIST		91.51		
	18191	RURAL WATER DISTRICT #2	2	04/18/2018	Regular		0.00		39.25	55712
	Payable #	Payable Type	Post Date	Payable Description	on	Discount Amou	nt Pay	able Amount		
		Account Number	Accou	nt Name	Item Description	Distri	bution A	mount		
	<u>03312018</u>	Invoice	04/04/2018	WATER (ACCOUNT	#1218 & #1732 - AIRP	0.	00	39.25		
		100-310-727012	CONT	RACTUAL SERVICES	WATER (ACCOUNT #12	18 & #17		39.25		
	65351	S&H FARM SUPPLY INC		04/18/2018	Regular		0.00	1	97.00	55713
	Payable #	Payable Type	Post Date	Payable Description		Discount Amou	nt Pav	able Amount		
		Account Number		nt Name	Item Description		bution A			
	JO213376	Invoice	04/10/2018		P (NH SBA145017790) .		00	197.00		
	<u>30213370</u>	711-530-742000			WA NONSTK PUMP (NI			197.00		
		111-550-742000	LQUII			II JDA14J		157.00		
	65344	SAFETY-KLEEN SYSTEMS IN	IC	04/18/2018	Regular		0.00		75 00	55714
			Post Date	Payable Descriptio	-	Discount Amou			75.00	55714
	Payable #	Payable Type					-			
	76422102	Account Number		nt Name			bution A			
	<u>76433102</u>	Invoice	03/29/2018	CLEANING OF OIL	-		00	75.00		
		<u>100-310-727012</u>	CONTI	RACTUAL SERVICES	CLEANING OF OIL TANK	κ / ΑΙΚΡΟ		75.00		
	10400			04/10/2010	Deculer		0.00	-		FF74F
	19489	SOUTHEAST KANSAS EDUC	ATION	04/18/2018	Regular		0.00	3	\$50.00	55715

спеск кероп						Date Range	: 04/14/201	18 - 04/2//2
Vendor Number	Vendor Name	Deat Data	Payment Date	Payment Type		ount Payme		Number
Payable #	Payable Type	Post Date	Payable Descripti		Discount Amount	-	bunt	
120220	Account Number	Accoun		Item Description		tion Amount	0.00	
<u>128220</u>	Invoice	03/13/2018	ADMINISTRATION	ADMINISTRATION FEES	0.00	35 5.00	0.00	
	<u>100-110-713000</u> 100-120-713000		ISTRATION FEE	ADMINISTRATION FEES		5.00		
	100-130-713000		ISTRATION FEE	ADMINISTRATION FEES		15.00		
	100-140-713000		ISTRATION FEE	ADMINISTRATION FEES		5.00		
	100-150-713000		ISTRATION FEE	ADMINISTRATION FEES		5.00		
	100-200-713000		ISTRATION FEE	ADMINISTRATION FEES		85.00		
	100-220-713000		ISTRATION FEE	ADMINISTRATION FEES		40.00		
	100-230-713000		ISTRATION FEE	ADMINISTRATION FEES		5.00		
	100-240-713000		ISTRATION FEE	ADMINISTRATION FEES		15.00		
	100-310-713000		ISTRATION FEE	ADMINISTRATION FEES		10.00		
	100-400-713000		ISTRATION FEE	ADMINISTRATION FEES		10.00		
	100-405-713000		ISTRATION FEE	ADMINISTRATION FEES		5.00		
	100-420-713000		ISTRATION FEE	ADMINISTRATION FEES		15.00		
	204-300-713000		ISTRATION FEE	ADMINISTRATION FEES		40.00		
	208-165-713000		ISTRATION FEE	ADMINISTRATION FEES		10.00		
	711-500-713000	ADMIN	ISTRATION FEE	ADMINISTRATION FEES		25.00		
	711-510-713000	ADMIN	ISTRATION FEE	ADMINISTRATION FEES		20.00		
	712-540-713000	ADMIN	ISTRATION FEE	ADMINISTRATION FEES		20.00		
	712-550-713000	ADMIN	ISTRATION FEE	ADMINISTRATION FEES		5.00		
	712-555-713000	ADMIN	ISTRATION FEE	ADMINISTRATION FEES		5.00		
	719-560-713000	ADMIN	ISTRATION FEE	ADMINISTRATION FEES		5.00		
	***			Dece la c		0.00	0.00	FE1 46
23160	**Void**		04/18/2018	Regular		0.00 0.00		55716
Payable #	WESTAR ENERGY Payable Type	Post Date	04/18/2018 Payable Descripti	Regular	Discount Amount		48,761.30	55/1/
r ayable #	Account Number	Accoun	• •	Item Description		tion Amount	June	
136232	Invoice	04/11/2018		AETER #16752324 @ 91	0.00		5.73	
100202	711-500-723002		- ELECTRIC	2018 OPEN PO / METER		6,135.73	5.75	
1808358260 (04-		04/11/2018	MARCH STREET LI		0.00	9,01	2 01	
1000550200 (04-	Invoice 100-190-723002		- ELECTRIC	MARCH STREET LIGHTIN		9,01 9,012.94	2.94	
						-		
<u>7110122629 (04-</u>	Invoice	04/11/2018	MONTHLY UTILITY		0.00	33,61	2.63	
	<u>100-190-723002</u>		- ELECTRIC	MONTHLY UTILITY SERVI		2,719.35		
	<u>100-200-723002</u>		- ELECTRIC	MONTHLY UTILITY SERVI		246.23		
	<u>100-210-723002</u>		- ELECTRIC	MONTHLY UTILITY SERVI		1,241.06		
	<u>100-310-723002</u> 100-400-723002		- ELECTRIC - ELECTRIC	MONTHLY UTILITY SERVI MONTHLY UTILITY SERVI		523.87 1,052.83		
	100-405-723002		- ELECTRIC	MONTHLY UTILITY SERVI		1,052.85		
	<u>100-410-723002</u>		- ELECTRIC	MONTHLY UTILITY SERVI		103.54		
	100-420-723002		- ELECTRIC	MONTHLY UTILITY SERVI		859.57		
	100-430-723002		- ELECTRIC	MONTHLY UTILITY SERVI		2,612.83		
	100-430-727019		YMNASIUM - SPLI	MONTHLY UTILITY SERVI		284.86		
	204-300-723002		- ELECTRIC	MONTHLY UTILITY SERVI		691.65		
	309-400-723002		- ELECTRIC	MONTHLY UTILITY SERVI		16.74		
	711-500-723002		- ELECTRIC	MONTHLY UTILITY SERVI		8,848.41		
	711-510-723002	UTILITY	- ELECTRIC	MONTHLY UTILITY SERVI		440.30		
	711-530-723002	UTILITY	- ELECTRIC	MONTHLY UTILITY SERVI	ICE	151.89		
	712-540-723002	UTILITY	- ELECTRIC	MONTHLY UTILITY SERVI	ICE	12,563.99		
64492	**Void**		04/18/2018	Regular		0.00		55718
64482 Bayable #	WHITAKER AGGREGATES I		04/18/2018	Regular	Discourt America	0.00 Davable Am	1,465.20	55/19
Payable #	Payable Type Account Number	Post Date Accoun	Payable Descripti		Discount Amount	Payable Amo tion Amount	Junt	
<u>35171</u>	Invoice	Accoun 04/03/2018	(13.32 TON) COLD	Item Description	0.00	tion Amount 1,46	5 20	
331/1	711-510-743000		(13.32 TON) COLD	(13.32 TON) COLD PATCH		1,46 1,465.20	5.20	
				. ,				
61954	YOUR TOTAL FITNESS SHO	P INC	04/18/2018	Regular		0.00	1,525.00	55720

Спеск керогс							Date Range	: 04/14/20	18 - 04/2//2
Vendor Number Payable #	Vendor Name Payable Type	Post Date	Payable Description			t Amount	ount Paymer Payable Amo		Number
	Account Number		t Name	Item Description			ion Amount		
<u>34034</u>	Invoice	04/04/2018	TREADMILL REPAI	R / BRCC		0.00	1,52	5.00	
	<u>100-430-742000</u>	EQUIPN	/IENT / VEHICLE M	TREADMILL REPAIR / B	RCC		1,525.00		
65450			0.4/20/2040	Dec. la c			0.00	200.00	
65150	CARL B DAVIS, CHAPTER 1		04/20/2018	Regular			0.00		55737
Payable #	Payable Type	Post Date	Payable Description		Discount		Payable Amo	ount	
	Account Number		t Name	Item Description			ion Amount		
INV0003366	Invoice	04/06/2018	Garnishment			0.00		0.00	
	<u>711-000-202000</u>	PAYROL	L LIABILITY CLEARI	Garnishment			150.00		
INV0003415	Invoice	04/20/2018	Garnishment			0.00	15	0.00	
	<u>711-000-202000</u>	PAYROL	L LIABILITY CLEARI	Garnishment			150.00		
65175	MONTANA CSED		04/20/2018	Regular			0.00	328.88	55738
Payable #	Payable Type	Post Date	Payable Description	on	Discount	t Amount	Payable Amo	ount	
	Account Number	Accoun	t Name	Item Description		Distributi	ion Amount		
INV0003416	Invoice	04/20/2018	PAR ID P00008921	L65 SSN 510-74-3774		0.00	32	8.88	
	204-000-202000	PAYROL	L LIABILITY CLEARI	PAR ID P0000892165	SSN 510-7		328.88		
58560	VANTAGEPOINT TRANSFE	R	04/20/2018	Regular			0.00	89.95	55739
Payable #	Payable Type	Post Date	Payable Description	on	Discount	t Amount	Payable Amo	ount	
	Account Number	Accoun	t Name	Item Description		Distributi	ion Amount		
INV0003380	Invoice	04/20/2018	Deferred Comp - 3	803141		0.00	8	9.95	
	<u>100-000-202000</u>	PAYROL	L LIABILITY CLEARI	Deferred Comp - 3031	41		89.95		
65359	AMERICAN LEGION POST		04/20/2018	Regular			0.00		55740
Payable #	Payable Type	Post Date	Payable Description		Discount		Payable Amo	ount	
	Account Number		t Name	Item Description			ion Amount		
<u>04192018</u>	Invoice	04/19/2018		JDENT/ANL CADET LAW		0.00		0.00	
	<u>100-190-727012</u>	CONTR	ACTUAL SERVICES	DONATN-FSHS STUDEN	NT/ANL C		250.00		
F7711	AT0 T		04/20/2010	Desular			0.00	1 117 05	FF744
57711	AT&T	De et Dete	04/20/2018	Regular	Discourse		0.00	1,117.85	55741
Payable #	Payable Type	Post Date	Payable Description		Discoun		Payable Amo	bunt	
210 000 000 01	Account Number	Accoun		Item Description			ion Amount	7 05	
<u>316 660-9904 01</u>	Invoice	04/13/2018	-	ELEPHONE / 316 660-99		0.00	1,11	7.85	
	207-220-723004	UTILITY	- TELEPHONE	2018 OPEN PO / TELEP	HONE / 3		1,117.85		
57635	CARD SERVICES		04/20/2018	Regular			0.00	19,824.26	55742
Payable #	Payable Type	Post Date	Payable Description	•	Discount		Payable Amo	,	55742
i dyabie #	Account Number		t Name	Item Description	Discount		ion Amount	June	
0039 (04-02-18)	Invoice	04/17/2018	MARCH VISA CHAI	•		0.00		6.86	
0033 (04-02-10)	711-500-725000		AND TRAINING	03-09 / SONIC TRA		0.00	14.36	0.00	
	711-500-744000		SUPPLIES	WM / OFFICE SUPPLIES			24.26		
			SUPPLIES	AMAZON / OFFICE SUF			95.00		
	<u>711-500-744000</u> 712-550-725000		AND TRAINING	HOTEL - WICHITA / KR			93.00 91.84		
				AMAZON / 4" DRAIN P			91.84 91.40		
	712-550-743000				1003				
<u>0075 (04-02-18)</u>	Invoice	04/17/2018	MARCH VISA CHAI			0.00		6.54	
	<u>100-110-725000</u>		AND TRAINING	COMMUNITY INVOLVE	MENT DI		26.54		
	<u>100-110-750000</u>	MISCEL	LANEOUS COMM	(4) FRIENDS OF THE FC	ORT EVEN		140.00		
0078 (04-02-18)	Invoice	04/17/2018	MARCH VISA CHAI	RGES		0.00	1	8.41	
	204-300-744000	OFFICE	SUPPLIES	WM / OFFICE SUPPLIES	S Т.CO		18.41		
0085 (04-02-18)		04/17/2018	MARCH VISA CHAI			0.00	2,820	6 41	
<u>0003 (04-02-18)</u>	Invoice		AND TRAINING			0.00	6.95	0.41	
	<u>100-150-725000</u> 100-150-725000			03-20 / TRAVELING ME	•				
	<u>100-150-725000</u>		AND TRAINING	LODGING - CCMFOA SE			345.27		
	<u>100-190-744000</u>		SUPPLIES	WM / COFFEE & TISSU	•		28.37		
	<u>100-190-744000</u>		SUPPLIES	WM / FOAM CUPS (CIT			9.40		
	<u>100-190-750000</u>		LANEOUS COMM	WM / CITY HALL SUPP			8.41		
	<u>100-190-750000</u>			WM / CHAMBER DINN			51.26		
	100-240-744000	OFFICE	SUPPLIES	WM / (13) 3-RING BINI	JEKS FOR		13.20		

heck Report				L	Date Range: 04/14/201	18 - 04/2//
/endor Number	Vendor Name 100-310-750000	Payment Date MISCELLANEOUS COMM	Payment Type Disco VEHICLE TAG (COURTESY VEHICL	ount Amoun	t Payment Amount 29.47	Number
	<u>100-410-743000</u>	OPERATING SUPPLIES	RECSUPPLY.COM (50 LIFEGUARD		320.34	
	<u>100-410-748000</u>	BOOKS AND SUBSCRIPTIO	AMERICAN RED CROSS (LIFEGU		180.75	
	<u>100-410-748000</u>	BOOKS AND SUBSCRIPTIO	AMERICAN RED CROSS (50 LIFE	:	1,796.09	
	711-520-744000	OFFICE SUPPLIES	WM / WATER OFFICE CUSTOME		36.90	
<u>0086 (04-02-18)</u>	Invoice	04/17/2018 MARCH VISA CHA	RGES	0.00	3,468.43	
	<u>100-200-725000</u>	TRAVEL AND TRAINING	TRAINING IN TOPEKA (T.WIDDER		175.59	
	<u>100-200-725000</u>	TRAVEL AND TRAINING	03-28 / TRAVELING LUNCH TO P		17.03	
	<u>100-200-743000</u>	OPERATING SUPPLIES	TLO TRANSUNION / INVESTIGAT		25.00	
	<u>100-200-743000</u>	OPERATING SUPPLIES	EVIDENT, INC / INVESTIGATION		233.23	
	<u>100-200-743000</u>	OPERATING SUPPLIES	EVIDENT, INC / DETECTIVES INV		158.90	
	<u>100-200-744000</u>	OFFICE SUPPLIES	WM / OFFICE SUPPLIES FOR FSP		58.61	
	<u>100-200-747000</u>	UNIFORMS AND CLOTHIN	UNIFORMS & BADGES / FSPD		1,905.56	
	<u>100-200-750000</u>	MISCELLANEOUS COMM	HOME SHOW SUPPLIES / FSPD		785.16	
	<u>100-230-747000</u>	UNIFORMS AND CLOTHIN	UNIFORMS FOR M.DALY - DOG		109.35	
<u>0128 (04-02-18)</u>	Invoice	04/17/2018 MARCH VISA CHA	RGES	0.00	127.11	
	<u>100-400-742000</u>	EQUIPMENT / VEHICLE M	WM / TRAILER LIGHTS PARK		19.54	
	<u>100-400-743000</u>	OPERATING SUPPLIES	(8) PADLOCKS / PARKS DEPT		107.57	
0136 (04-02-18)	Invoice	04/17/2018 MARCH VISA CHA	RGES	0.00	179.09	
<u>0100 (01 02 10)</u>	100-210-725000	TRAVEL AND TRAINING	03-15 / TRAVEL MEAL (C.LAWRE	0.00	26.12	
	100-210-741000	BUILDING MAINTENANCE	MATERIALS FOR YARD SPRINKLE		72.20	
	100-210-743000	OPERATING SUPPLIES	WM / 4-DEV REMOTE/ORGANIZ		17.84	
	100-210-743000	OPERATING SUPPLIES	WM / GAS CAN FSFD		12.88	
	100-210-744000	OFFICE SUPPLIES	WM / BREAKROOM SUPPLIES		50.05	
0141 (04 02 19)				0.00		
<u>0141 (04-02-18)</u>	Invoice 100-200-725000	04/17/2018 MARCH VISA CHA TRAVEL AND TRAINING	TRAVEL EXP (A.GIBSON/BLUE C	0.00	259.22 259.22	
0144 (04-02-18)	Invoice	04/17/2018 MARCH VISA CHA		0.00	707.09	
0144 (04-02-18)	100-420-726000	DUES AND MEMBERSHIP	KGCSAA YEARLY DUES (JON K)	0.00	80.00	
	100-420-726000	DUES AND MEMBERSHIP	AMAZON MONTHLY DUES (JO		12.99	
	100-420-750000	MISCELLANEOUS COMM	SOD REPAIR TOOLS / GOLF COU		614.10	
				0.00		
<u>0151 (04-02-18)</u>	Invoice	04/17/2018 MARCH VISA CHA		0.00	120.99	
	<u>100-130-725000</u>	TRAVEL AND TRAINING	STAFF MEETING DOUGHNUTS (J		22.36	
	<u>100-130-725000</u>		GFOA / CAPITAL BUDGET INTER		85.00	
	<u>100-130-744000</u>		APPLE ITUNES ADDITIONAL M		0.99	
	<u>100-130-748000</u>	BOOKS AND SUBSCRIPTIO OFFICE SUPPLIES	ON-LINE SUBSCRIPTION (MORNI		4.99	
	<u>100-405-744000</u>		APPLE ITUNES / MICROSOFT EX		7.65	
<u>0174 (04-02-18)</u>	Invoice	04/17/2018 MARCH VISA CHA		0.00	29.47	
	204-300-750000	MISCELLANEOUS COMM	TAG/REGISTRATION FOR INTERN		29.47	
<u>0219 (04-02-18)</u>	Invoice	04/17/2018 MARCH VISA CHA	RGES	0.00	223.98	
	<u>711-510-725000</u>	TRAVEL AND TRAINING	JOB SITE MEAL FOR CREW / WA		40.42	
	711-510-743000	OPERATING SUPPLIES	SPACER BUSHINGS / WATER DIS		12.00	
	711-510-743000	OPERATING SUPPLIES	POCKET PENTROMETER / WATE		55.09	
	711-510-744000	OFFICE SUPPLIES	WM / BREAKROOM SUPPLIES		46.35	
	711-510-744000	OFFICE SUPPLIES	WM / OFFICE SUPPLIES (COMP		49.88	
	711-510-744000	OFFICE SUPPLIES	MISC OFFICE SUPPLIES / WATER		20.24	
<u>0227 (04-02-18)</u>	Invoice	04/17/2018 MARCH VISA CHA	RGES	0.00	384.74	
	<u>100-200-726000</u>	DUES AND MEMBERSHIP	2018 IAPE ANNUAL MEMBERSHI		50.00	
	<u>100-200-744000</u>	OFFICE SUPPLIES	QUILL / TONER & COPY PAPER		334.74	
0235 (04-02-18)	Invoice	04/17/2018 MARCH VISA CHA	RGES	0.00	163.95	
	100-140-750000	MISCELLANEOUS COMM	FS CHAMBER / JOB FAIR BOOTH		60.00	
	100-200-750000	MISCELLANEOUS COMM	BUTCHER BLOCK GIFT CARD / W		50.00	
	711-520-750000	MISCELLANEOUS COMM	FUNERAL FLOWER ARRANGEME		33.95	
	712-540-714000	WELLNESS INCENTIVES	PRICE CHPR GIFT CARD / WELLN		20.00	
0243 (04-02-18)	Invoice	04/17/2018 MARCH VISA CHA		0.00	541.43	
<u>0273 (07-02-10)</u>	<u>711-500-725000</u>	TRAVEL AND TRAINING	LODGING / KRWA (S.FLATER)	0.00	296.10	
	711-500-725000	OFFICE SUPPLIES	AMAZON / PERMANENT MARKE		13.92	
	711-500-744000	OFFICE SUPPLIES	**CREDIT** - AMAZON (PERMA		-14.00	
	/11-300-/44000	OFFICE SUFFLIES			14.00	

Спеск керогт				Da	ate Range: 04/14/201	.8 - 04/2//2
Vendor Number	Vendor Name 711-500-744000 711-500-744000 711-500-745000 711-500-764000	Payment Date OFFICE SUPPLIES OFFICE SUPPLIES JANITORIAL SUPPLIES MACHINERY AND EQUIP	Payment TypeDiscoWM / BREAKROOM SUPPLIESAMAZON / PRESSURE GAUGESAMAZON / VACUUM PARTS, ROAMAZON / FILE CABINET CADDY		Payment Amount 107.32 66.49 26.77 44.83	Number
<u>0268 (04-02-18)</u>	Invoice 100-420-749000	04/17/2018 MARCH VISA CHA CONCESSION SUPPLIES	RGES WM / BEER, POP, GATORADE, W	0.00	356.48 356.48	
<u>0276 (04-02-18)</u>	Invoice 100-160-744000 100-160-744000	04/17/2018 MARCH VISA CHA OFFICE SUPPLIES OFFICE SUPPLIES	RGES HOME DEPOT / TASK LIGHT (R.P QUILL / MENTOR CERTIFICATES (0.00	157.16 21.79 135.37	
<u>0292 (04-02-18)</u>	Invoice 208-165-725000 208-165-727016 208-165-743000 208-165-744000 208-165-753000 208-165-753000 208-165-764000	04/17/2018 MARCH VISA CHA TRAVEL AND TRAINING LICENSE / PERMIT OPERATING SUPPLIES OFFICE SUPPLIES MERCHANDISE FOR RESA MERCHANDISE FOR RESA MACHINERY AND EQUIP	RGES MEALS, REGISTRATION, LODGIN ADOBE / PHOTOSHOP FOR LARR AMAZON / DVD'S (L.GAZAWAY) MISC OFFICE SUPPLIES (L.GAZA 4IMPRINT / MAGNETS (L.GAZA KANSAS SAMPLER / MERCHAND CABLES & ADAPTER (L.GAZAWA	0.00	760.26 189.10 43.74 61.06 13.13 361.78 40.00 51.45	
<u>0318 (04-02-18)</u>	Invoice <u>100-200-750000</u> <u>100-200-750000</u> <u>100-200-750000</u>	04/17/2018 MARCH VISA CHA MISCELLANEOUS COMM MISCELLANEOUS COMM MISCELLANEOUS COMM	RGES CHASE TACTICAL / BODY ARMO BLANK AMMO FOR TRAINING / WM / SUPPLIES FOR TRAINING .	0.00	584.73 422.40 77.97 84.36	
<u>0334 (04-02-18)</u>	Invoice 712-540-725000 712-540-744000 712-540-745000 712-550-742000	04/17/2018 MARCH VISA CHA TRAVEL AND TRAINING OFFICE SUPPLIES JANITORIAL SUPPLIES EQUIPMENT / VEHICLE M	RGES TRAVELING MEAL (M.EMBRY) WM / OFFICE SUPPLIES WW WM / CLEANING SUPPLIES RELAYS FOR LIFT STATION / WW	0.00	317.99 10.26 17.80 40.88 249.05	
<u>0342 (04-02-18)</u>	Invoice 100-180-744000 100-180-748000 100-180-764000 100-200-764000 100-200-764000 100-210-764000 204-300-764000 711-500-764000 711-500-764000 711-500-764000 712-540-764000	04/17/2018 MARCH VISA CHA OFFICE SUPPLIES BOOKS AND SUBSCRIPTIO MACHINERY AND EQUIP MACHINERY AND EQUIP	IT PRINTER INK (D.WESCOAT) E-FAX SUBSCRIPTION (620-223- (2) MONITORS & PC / D.WESCO (3) MONITORS / FSPD WM / (4) KEYBOARDS / FSPD WIRELESS ACCESS POINT & SWI TOOL TO RUN CABLE AT FSFD ALL IN ONE COMPUTER PRINTER WM / KEYBOARD, HDMI CABLE, KEYBOARD (S.FLATER) GRAPHICS CARD FOR PC / WTP POE SWITCH, RJ45, LINKSYS WA	1,	5,006.88 58.95 157.43 ,999.97 477.33 99.76 401.29 12.46 899.66 515.41 44.66 42.03 44.96 252.97	
<u>0424 (04-02-18)</u>	Invoice <u>100-200-747000</u> <u>100-200-747000</u>	04/17/2018 MARCH VISA CHA UNIFORMS AND CLOTHIN UNIFORMS AND CLOTHIN	RGES BOOTS, PLUS \$1.00 TRANSACTI **CREDIT** REFUND ON BOOT	0.00	114.99 338.99 -224.00	
<u>0531 (04-02-18)</u>	Invoice <u>100-310-721000</u> <u>100-310-725000</u> <u>100-310-764000</u> <u>711-530-742000</u>	04/17/2018 MARCH VISA CHA POSTAGE AND SHIPPING TRAVEL AND TRAINING MACHINERY AND EQUIP EQUIPMENT / VEHICLE M	RGES UPS CHARGES (K.HOWARD) OPKS QUICK TRIP / FUEL (K.HO MEDIUM PALLET FORKS (AIRPO WATER PUMP FOR T1520 NEW		657.36 64.87 40.01 449.00 103.48	
<u>0580 (04-02-18)</u>	Invoice <u>100-430-743000</u> <u>100-430-743000</u> <u>100-430-745000</u>	04/17/2018 MARCH VISA CHA OPERATING SUPPLIES OPERATING SUPPLIES JANITORIAL SUPPLIES	RGES PRO 70 WHEELS FOR ELLIPTICAL WM / (12) YOGA MATS FOR FIT WM / JANITORIAL SUPPLIES		345.31 101.15 196.26 47.90	
<u>9015 (04-02-18)</u>	Invoice <u>100-240-725000</u> <u>100-240-725000</u> <u>100-240-741000</u> <u>100-240-744000</u>	04/17/2018 MARCH VISA CHA TRAVEL AND TRAINING TRAVEL AND TRAINING BUILDING MAINTENANCE OFFICE SUPPLIES	RGES CENTER FOR COMM DVLPMNT / AIRFARE / TRAINING (R.DUNN) SAFETY MIRRORS FOR CODES O OFFICE SUPPLIES FOR MEETING		1,156.57 580.00 285.76 119.00 63.96	

Check Report							Date Range: 04/	14/201	L8 - 04/27/2
Vendor Number	Vendor Name 100-240-745000	JANITO	Payment Date DRIAL SUPPLIES	Payment Type WM / VACUUM SWEE		count Amou	nt Payment A 107.85	mount	Number
9031 (04-02-18)	Invoice	04/17/2018	MARCH VISA CHAI	RGES		0.00	832.81		
,	100-210-725000		L AND TRAINING	FIREFIGHTING I & II EX	AM PREP		13.12		
	100-210-725000	TRAVE	L AND TRAINING	FIRE INSPECTION EXAM	M PREP PL		10.93		
	100-210-725000	TRAVE	L AND TRAINING	EMS TRAINING LUNCH	I & TRAINI		314.54		
	100-210-742000	EQUIPI	MENT / VEHICLE M	REFRIGERATOR PART F	OR STATI		25.11		
	100-210-744000	OFFICE	SUPPLIES	WM / KITCHEN SUPPLI	IES FSF		76.60		
	100-210-744000	OFFICE	SUPPLIES	QUILL / BLACK & YELLO	OW TONE		160.98		
	100-210-745000	JANITO	RIAL SUPPLIES	WM / JANITORIAL SUP	PLIES		173.59		
	100-210-750000	MISCE	LLANEOUS COMM	WM / PUMP, NEEDLES	, BASKET		19.79		
	100-210-750000	MISCE	LLANEOUS COMM	JUVENILE'S MEAL / FSF	FD		8.27		
	<u>100-210-750000</u>	MISCE	LLANEOUS COMM	WM / TOOL STORAGE	FSFD		29.88		
	Void		04/20/2018	Regular		0.0	00	0.00	55743
	Void		04/20/2018	Regular		0.0	00	0.00	55744
	Void		04/20/2018	Regular		0.0	00	0.00	55745
	Void		04/20/2018	Regular		0.0	00	0.00	55746
	Void		04/20/2018	Regular		0.0	00	0.00	55747
	Void		04/20/2018	Regular		0.0	00	0.00	55748
	Void		04/20/2018	Regular		0.0	00	0.00	55749
63482	DISH		04/20/2018	Regular		0.0	00	159.48	55750
Payable #	Payable Type	Post Date	Payable Description	on	Discount	Amount P	ayable Amount		
	Account Number	Accour	nt Name	Item Description		Distribution	n Amount		
<u>8255 7070 8820</u>	Invoice	04/17/2018	2018 OPEN PO/MI	NTHLY TV & ADD-ONS/L		0.00	122.95		
	100-405-723003		Y - CABLE	2018 OPEN PO/MNTHI	LY TV & A		122.95		
<u>8255 7070 8915</u>	Invoice	04/20/2018		ASIC CABLE & NEWS (AI		0.00	36.53		
	<u>100-310-723003</u>	UTILITY	Y - CABLE	2018 OPEN PO / BASIC	CABLE &		36.53		
06265	FORT SCOTT RECREATION		04/20/2018	Regular	Discount	0.0	,		55751
Payable #	Payable Type	Post Date	Payable Description		Discount		Payable Amount		
04422040	Account Number		nt Name	Item Description		Distribution			
04122018	Invoice 100-000-472000	04/16/2018 RECRE	ATION COMMISSIO	1ENT (04-06-18 THRU 0 RECREATION PAYMENT	T (04-06-1	0.00	1,728.00 1,728.00		
	100 000 112000	neone,			1 (01 00 1				
62920	FSHS CLASS OF 2019		04/20/2018	Regular		0.0		250.00	55752
Payable #	Payable Type	Post Date	Payable Description	on	Discount	Amount P	Payable Amount		
	Account Number		nt Name	Item Description		Distributior			
<u>04172018</u>	Invoice	04/18/2018	DONATION AFT			0.00	250.00		
	206-190-727021	DRUG	AND ALCOHOL PR	DONATION AFTER PI	Rom Par		250.00		
55902	JUDYS FUEL & OIL CO		04/20/2018	Regular		0.0	3,	745.67	55753
Payable #	Payable Type	Post Date	Payable Description	on	Discount	Amount P	Payable Amount		
	Account Number	Accour	nt Name	Item Description		Distributior	n Amount		
<u>23612</u>	Invoice	04/20/2018	FUEL ISLAND			0.00	2,758.65		
	<u>100-200-746000</u>	GAS AI	ND OIL	FUEL ISLAND			892.34		
	<u>100-210-746000</u>	GAS AI	ND OIL	FUEL ISLAND			246.43		
	<u>100-240-746000</u>	GAS AI	ND OIL	FUEL ISLAND			50.32		
	<u>100-310-746000</u>	GAS AI	ND OIL	FUEL ISLAND			4.36		
	<u>100-400-746000</u>	GAS AI	ND OIL	FUEL ISLAND			215.35		
	204-300-746000	GAS AI	ND OIL	FUEL ISLAND			586.93		
	208-165-746000	GAS AI	ND OIL	FUEL ISLAND			35.39		
	<u>711-500-746000</u>	GAS AI	ND OIL	FUEL ISLAND			158.71		
	711-510-746000	GAS AI	ND OIL	FUEL ISLAND			319.26		
	711-530-746000	GAS AI	ND OIL	FUEL ISLAND			65.74		
	712-540-746000	GAS AI	ND OIL	FUEL ISLAND			78.68		
	<u>712-550-746000</u>	GAS AI	ND OIL	FUEL ISLAND			105.14		
23643	Invoice	04/20/2018	(230) UNLEADED 8	& (183) DYED DIESEL / G		0.00	987.02		
	100-420-746000	GAS AI	. ,	(230) UNLEADED & (18	33) DYED		987.02		
11074	KS DEPT OF HEALTH & EI	NVIRONMENT	04/20/2018	Regular		0.0	00	814.00	55754

Vendor Number Payable #	Vendor Name Payable Type Account Number		Payable Description Name	Item Description	Discount Amount Distribu	ount Payment Amount Payable Amount tion Amount	Number
<u>13500 (04-02-18)</u>	Invoice <u>711-500-727012</u>	04/17/2018 CONTR	2018 OPEN PO / L ACTUAL SERVICES	AB ANALYSIS (WTP) 2018 OPEN PO / LAB A	0.00 ANALYSIS (814.00 814.00	
65209 Payable #	UCI Payable Type	Post Date	04/20/2018 Payable Descripti	Regular on	Discount Amount	0.00 3,113.57 Payable Amount	55755
<u>117112-040</u>	Account Number Invoice 711-500-763000	04/18/2018	nt Name SALES TAX IVEMENTS	Item Description SALES TAX	Distribu 0.00	tion Amount 3,113.57 3,113.57	
23160	WESTAR ENERGY		04/20/2018	Regular		0.00 45.82	55756
Payable #	Payable Type Account Number		Payable Description	Item Description	Distribu	Payable Amount tion Amount	
<u>7859672046 (04-</u>	Invoice 100-190-723002	04/20/2018 UTILITY	2018 OPEN PO / 1 Y - ELECTRIC	8TH & HORTON FLAG/A 2018 OPEN PO / 18TH		45.82 45.82	
65360 Payable #	TIFFANY M TWIDWELL Payable Type	Post Date	04/23/2018 Payable Descripti	Regular on	Discount Amount	0.00 227.18 Payable Amount	55757
04202018	Account Number	Accour 04/23/2018	nt Name PAYROLL CHECK (F	Item Description PAY PERIOD: 04-01-18 -	Distribu 0.00	tion Amount 227.18	
<u> </u>	100-420-702000		TIME SALARIES	PAYROLL CHECK (PAY F	PERIOD: 0	227.18	
22082 Payable #	VISION SERVICE PLAN Payable Type	Post Date	04/27/2018 Payable Description			Payable Amount	55762
INV0003362	Account Number Invoice 100-000-202000	04/06/2018	nt Name Health Insurance LL LIABILITY CLEARI	Item Description Health Insurance	Distribu 0.00	tion Amount 109.99 109.99	
<u>INV0003363</u>	Invoice 100-000-202000 204-000-202000 208-000-202000 711-000-202000	Payroi Payroi	Health Insurance LL LIABILITY CLEARI LL LIABILITY CLEARI LL LIABILITY CLEARI LL LIABILITY CLEARI	Health Insurance Health Insurance Health Insurance Health Insurance	0.00	222.28 99.06 8.50 9.00 77.91	
<u>INV0003410</u>	712-000-202000 Invoice	04/20/2018	LL LIABILITY CLEARI Health Insurance	Health Insurance Health Insurance	0.00	27.81 109.91	
<u>INV0003411</u>	100-000-202000 Invoice 100-000-202000 204-000-202000 208-000-202000 711-000-202000 712-000-202000	04/20/2018 Payroi Payroi Payroi Payroi	LL LIABILITY CLEARI Health Insurance LL LIABILITY CLEARI LL LIABILITY CLEARI LL LIABILITY CLEARI LL LIABILITY CLEARI LL LIABILITY CLEARI	Health Insurance Health Insurance Health Insurance Health Insurance Health Insurance	0.00	109.91 222.07 98.94 8.48 8.98 77.86 27.81	
65226 Payable #	ARNOLD W SCHOFIELD Payable Type Account Number	Post Date	04/27/2018 Payable Description It Name	Regular on Item Description		0.00 100.00 Payable Amount tion Amount	55779
04202018	Invoice 208-000-473000	04/27/2018		RVEST BANK BUS TOUR- TOUR 04-12 / ARVE	0.00	100.00 100.00	
57711 Payable #	AT&T Payable Type	Post Date	04/27/2018 Payable Descripti			0.00 3,650.29 Payable Amount	55780
<u>620 223-4073 32</u>	Account Number Invoice 207-220-723004	04/20/2018	n t Name 2018 OPEN PO / 6 Y - TELEPHONE	Item Description 520 223-4073 321 0 2018 OPEN PO / 620 2	0.00	tion Amount 143.95 143.95	
<u>620 223-8118 14</u>	Invoice 100-190-723004 100-200-723004 100-210-723004 100-240-723004	UTILITY UTILITY	SVC FROM 04-11 ⁻⁷ Y - TELEPHONE Y - TELEPHONE Y - TELEPHONE Y - TELEPHONE	THRU 05-10/ACCT #620 SVC FROM 04-11 THRI SVC FROM 04-11 THRI SVC FROM 04-11 THRI SVC FROM 04-11 THRI	U 05-10/A U 05-10/A	3,506.34 167.62 627.80 496.30 121.79	

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Date Range: 04/14/2018 - 04/27/2018
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				- ·-					
Vendor Number	Vendor Name		Payment Date	Payment Type		count Amo	unt Paymer	it Amount	Number
	<u>100-310-723004</u>		- TELEPHONE	SVC FROM 04-11 THRU			256.05		
	100-420-723004		- TELEPHONE	SVC FROM 04-11 THRU	· · ·		166.54		
	<u>100-430-723004</u>		- TELEPHONE	SVC FROM 04-11 THRU			261.80		
	204-300-723004		' - TELEPHONE	SVC FROM 04-11 THRU	-		309.05		
	<u>207-220-723004</u>		' - TELEPHONE	SVC FROM 04-11 THRU			166.54		
	711-500-723004		' - TELEPHONE	SVC FROM 04-11 THRU			261.79		
	<u>711-520-723004</u>		' - TELEPHONE	SVC FROM 04-11 THRU	-		336.91		
	712-540-723004		' - TELEPHONE	SVC FROM 04-11 THRU	-		166.54		
	712-550-723004	UTILITY	' - TELEPHONE	SVC FROM 04-11 THRU	05-10/A		167.61		
65272	CRAWFORD SALES COMPA	ANY	04/27/2018	Regular		0	.00	110.90	55781
Payable #	Payable Type	Post Date	Payable Description	on	Discount	Amount	Payable Amo	unt	
	Account Number	Accoun	it Name	Item Description		Distributio	on Amount		
<u>04252018</u>	Invoice	04/26/2018	BEER FOR RESALE	/ GOLF COURSE		0.00	110	0.90	
	<u>100-420-749000</u>	CONCE	SSION SUPPLIES	BEER FOR RESALE / GOL	F COUR		110.90		
06265	FORT SCOTT RECREATION	COMMISSION	04/27/2018	Regular		0	.00	3,671.00	55782
Payable #	Payable Type	Post Date	Payable Description	on	Discount	Amount	Payable Amo	unt	
	Account Number	Accoun	it Name	Item Description		Distributio	n Amount		
<u>04192018</u>	Invoice	04/25/2018	RECREATION PAYN	1ENT (04-13-18 THRU 0		0.00	3,671	L.00	
	<u>100-000-472000</u>	RECREA	TION COMMISSIO	RECREATION PAYMENT	(04-13-1		3,671.00		
55815	SUDDENLINK		04/27/2018	Regular		0	.00	1,429.95	55783
Payable #	Payable Type	Post Date	Payable Description	on	Discount	Amount	Payable Amo	unt	
	Account Number	Accoun	it Name	Item Description		Distributio	on Amount		
<u>708034901 (04-1</u>	Invoice	04/20/2018	2018 OPEN PO / 2	104 SIDNEY-INTERNET/		0.00	74	1.95	
	<u>204-300-723003</u>	UTILITY	' - CABLE	2018 OPEN PO / 2104 S	IDNEY-I		74.95		
719163701 (04-1	Invoice	04/20/2018	2018 OPEN PO/OP	TICAL INTRNT ACCESS/		0.00	1,355	5.00	
	100-190-723003		- CABLE	2018 OPEN PO/OPTICAL	L INTRNT		1,355.00		
59332	VERIZON		04/27/2018	Regular		0	.00	267.85	55784
Payable #	Payable Type	Post Date	Payable Description		Discount	Amount	Payable Amo	unt	
	Account Number		it Name	Item Description			on Amount		
9805322532	Invoice	04/25/2018	CELLULAR BILLING	- GOVT ACCT / 03-13 T		0.00	267	7.85	
	100-110-730000		HONE / IPAD	CELLULAR BILLING - GO	VT ACCT		66.97		
	100-130-730000		HONE / IPAD	CELLULAR BILLING - GO			66.96		
	100-210-730000		HONE / IPAD	CELLULAR BILLING - GO			66.96		
	712-540-730000		HONE / IPAD	CELLULAR BILLING - GO			66.96		
59332	VERIZON		04/27/2018	Regular		0	.00	1,253.15	55785

Спеск керогт							Date Range:	04/14/201	18 - 04/2//2
Vendor Number Payable #	Vendor Name Payable Type	Post Date	Payment Date Payable Description	Payment Type on			ount Paymen Payable Amor		Number
	Account Number	Accou	nt Name	Item Description		Distribut	tion Amount		
<u>9805232339</u>	Invoice	04/25/2018	CELLULAR PHONE	BILLING / 03-12 THRU 0		0.00	1,253	.15	
	<u>100-100-730000</u>	CELL F	PHONE / IPAD	CELLULAR PHONE BILLI	NG / 03-		30.06		
	<u>100-110-730000</u>	CELL F	PHONE / IPAD	CELLULAR PHONE BILLI	NG / 03-		20.04		
	<u>100-130-730000</u>	CELL F	PHONE / IPAD	CELLULAR PHONE BILLI	NG / 03-		85.59		
	<u>100-160-730000</u>	CELL F	PHONE / IPAD	CELLULAR PHONE BILLI	NG / 03-		10.02		
	<u>100-180-730000</u>	CELL F	PHONE / IPAD	CELLULAR PHONE BILLI	NG / 03-		10.02		
	<u>100-200-730000</u>	CELL F	PHONE / IPAD	CELLULAR PHONE BILLI	NG / 03-		108.04		
	<u>100-210-730000</u>	CELL F	PHONE / IPAD	CELLULAR PHONE BILLI	NG / 03-		72.43		
	<u>100-230-730000</u>	CELL F	PHONE / IPAD	CELLULAR PHONE BILLI	NG / 03-		28.97		
	<u>100-240-730000</u>	CELL F	PHONE / IPAD	CELLULAR PHONE BILLI	NG / 03-		181.20		
	<u>100-310-730000</u>	CELL F	PHONE / IPAD	CELLULAR PHONE BILLI	NG / 03-		85.59		
	<u>100-400-730000</u>	CELL F	PHONE / IPAD	CELLULAR PHONE BILLI	NG / 03-		10.02		
	<u>100-405-730000</u>	CELL F	PHONE / IPAD	CELLULAR PHONE BILLI	NG / 03-		10.02		
	<u>100-420-730000</u>	CELL F	PHONE / IPAD	CELLULAR PHONE BILLI	NG / 03-		75.57		
	204-300-730000	CELL F	PHONE / IPAD	CELLULAR PHONE BILLI	NG / 03-		10.02		
	<u>208-165-730000</u>	CELL F	PHONE / IPAD	CELLULAR PHONE BILLI	NG / 03-		10.02		
	<u>711-500-730000</u>	CELL F	PHONE / IPAD	CELLULAR PHONE BILLI	NG / 03-		168.01		
	<u>711-510-730000</u>	CELL F	PHONE / IPAD	CELLULAR PHONE BILLI	NG / 03-		142.63		
	<u>712-540-730000</u>	CELL F	PHONE / IPAD	CELLULAR PHONE BILLI	NG / 03-		102.46		
	<u>712-550-730000</u>	CELL F	PHONE / IPAD	CELLULAR PHONE BILLI	NG / 03-		92.44		
	4411 · 144		04/27/2010	Dec. la c			0.00	0.00	FF70 C
65106	**Void**		04/27/2018	Regular			0.00		55786
65106	4 STATE SANITATION LLC	Deat Data	04/18/2018	EFT	D:		0.00		2003772
Payable #	Payable Type	Post Date	Payable Description		Discount		Payable Amo	unt	
11417	Account Number		nt Name				tion Amount	00	
<u>11417</u>	Invoice	04/04/2018	MONTHLY TRASH			0.00	950	.00	
	<u>100-190-727005</u>		I / RECYCLING	MONTHLY TRASH SERV	•		60.00		
	<u>100-210-727005</u>		I / RECYCLING	MONTHLY TRASH SERV	•		125.00		
	<u>100-310-727005</u>		I / RECYCLING	MONTHLY TRASH SERV	•		110.00		
	<u>100-400-727005</u>		I / RECYCLING	MONTHLY TRASH SERV	•		110.00		
	<u>100-405-727005</u>		I / RECYCLING	MONTHLY TRASH SERV	•		75.00		
	<u>100-410-727005</u>		I / RECYCLING	MONTHLY TRASH SERV	-		50.00		
	<u>100-420-727005</u>		I / RECYCLING	MONTHLY TRASH SERV	•		50.00		
	<u>100-430-727005</u>		I / RECYCLING	MONTHLY TRASH SERV	•		80.00		
	<u>100-440-727005</u>		I / RECYCLING	MONTHLY TRASH SERV	•		60.00		
	204-300-727005		I / RECYCLING	MONTHLY TRASH SERV			40.00		
	711-500-727005		I / RECYCLING	MONTHLY TRASH SERV	•		50.00		
	711-510-727005		I / RECYCLING	MONTHLY TRASH SERV	•		40.00		
	712-540-727005		I / RECYCLING	MONTHLY TRASH SERV			50.00		
	<u>712-550-727005</u>	TRASE	I / RECYCLING	MONTHLY TRASH SERV	ICE (APRI		50.00		
65087	ALLGEIER MARTIN AND AS	SOCIATES INC	04/18/2018	EFT			0.00	4,439.20	2003773
Payable #	Payable Type	Post Date	Payable Description	on	Discount	Amount	Payable Amo	unt	
	Account Number	Accou	nt Name	Item Description		Distribut	tion Amount		
FORT7000116-28	Invoice	04/04/2018	COLLEGE BOOSTEI	R PUMP STATION RENO		0.00	4,439	.20	
	<u>324-510-727006</u>	ENGIN	IEERING SERVICES	COLLEGE BOOSTER PUI	MP STATI		4,439.20		
55706	ASSESSMENT STRATEGIES	LLC	04/18/2018	EFT			0.00	175.00	2003774
Payable #	Payable Type	Post Date	Payable Description	on	Discount	Amount	Payable Amo	unt	
	Account Number	Accou	nt Name	Item Description		Distribut	tion Amount		
04022018	Invoice	04/02/2018	PERSONNEL TESTI	NG (03-16-18)		0.00	175	.00	
	<u>100-200-727012</u>		RACTUAL SERVICES	PERSONNEL TESTING (03-16-18)		175.00		
64884	AVFUEL CORPORATION		04/18/2018	EFT			0.00	20,434.93	2003775
Payable #	Payable Type	Post Date	Payable Description		Discount		Payable Amo	-	
	Account Number		nt Name	Item Description			tion Amount		
10673630	Invoice	04/04/2018		IET A FUEL WITH FSII AD		0.00	20,434	.93	
20070000	<u>100-310-751000</u>		ION FUEL	(8,035 GALLONS) JET A	FUEL WI	0.00	20,434.93		

Check Report							Date Range: 04/1	4/201	.8 - 04/27/20
Vendor Number 65038	Vendor Name BARDAVON HEALTH INNO	VATIONS LLC	Payment Date 04/18/2018	Payment Type EFT	Dis	count Amoui 0.0	nt Payment Am		Number 2003776
Payable #	Payable Type	Post Date	Payable Description	on	Discount	t Amount P	Payable Amount		
	Account Number	Accou	nt Name	Item Description		Distributior	n Amount		
INV-1892	Invoice	04/10/2018	(4) POST OFFER EN	MPLOYMENT PHYSICALS		0.00	300.00		
	100-200-727012	CONTI	RACTUAL SERVICES	POST OFFER EMPLOYM	IENT PHY		75.00		
	<u>100-220-727012</u>	CONT	RACTUAL SERVICES	(3) POST OFFER EMPLO	DYMENT P		225.00		
03075	CARTER WATERS		04/18/2018	EFT		0.0	00 1	8.98	2003777
Payable #	Payable Type	Post Date	Payable Description	on	Discount	t Amount 🛛 P	Payable Amount		
	Account Number	Accou	nt Name	Item Description		Distribution	n Amount		
<u>30103509</u>	Invoice	04/11/2018	6X4 EDGER CURVE	ED ENDS / STREET DEPT		0.00	18.98		
	204-300-750000	MISCE	LLANEOUS COMM	6X4 EDGER CURVED EN	NDS / STR		18.98		
61758	CDL ELECTRIC		04/18/2018	EFT		0.0	00 11	1.00	2003778
Payable #	Payable Type	Post Date	Payable Description	on	Discount	t Amount 🛛 P	Payable Amount		
	Account Number	Accou	nt Name	Item Description		Distributior	n Amount		
C035264	Invoice	04/04/2018	2018 OPEN PO/SE	CURITY MNTRNG/CITY		0.00	54.00		
	100-190-727012	CONTI	RACTUAL SERVICES	2018 OPEN PO/MONT	HLY SECU		27.00		
	100-440-727012	CONTI	RACTUAL SERVICES	2018 OPEN PO/MONT	HLY SECU		27.00		
C035477	Invoice	04/12/2018	2018 OPEN PO/M	ONTHLY SECURITY MNT		0.00	30.00		
	100-405-727012		RACTUAL SERVICES	2018 OPEN PO/MONT	HLY SECU		30.00		
C025702	Inveloe	04/04/2019				0.00	27.00		
<u>C035792</u>	Invoice	04/04/2018	, -	ECURITY MONITORING		0.00			
	<u>100-420-727012</u>	CONTI	RACTUAL SERVICES	2018 OPEN PO / SECUI			27.00		
03210	CENTRAL COMMUNICATIO	DNS INC	04/18/2018	EFT		0.0		9.99	2003779
Payable #	Payable Type	Post Date	Payable Description	on	Discount	t Amount 🛛 F	Payable Amount		
	Account Number	Accou	nt Name	Item Description		Distributior	n Amount		
<u>10062359</u>	Invoice	03/22/2018	SONY NP-QM91D	BATTERY / WWC		0.00	89.99		
	712-550-742000	EQUIP	MENT / VEHICLE M	SONY NP-QM91D BATT	TERY / W		89.99		
63283	CHARLESWORTH CONSUL	TING LLC	04/18/2018	EFT		0.0	00 50	0.00	2003780
Payable #	Payable Type	Post Date	Payable Description	on	Discount	t Amount 🛛 P	Payable Amount		
	Account Number	Accou	nt Name	Item Description		Distributior	n Amount		
<u>450774</u>	Invoice	04/04/2018	INSURANCE CONS	ULTING		0.00	500.00		
	<u>100-190-727012</u>	CONTI	RACTUAL SERVICES	INSURANCE CONSULTI	NG		166.66		
	<u>711-520-727012</u>	CONTI	RACTUAL SERVICES	INSURANCE CONSULTI	NG		166.67		
	712-555-727012	CONT	RACTUAL SERVICES	INSURANCE CONSULTI	NG		166.67		
56133	CORE & MAIN LP		04/18/2018	EFT		0.0	00 9,10	4.36	2003781
Payable #	Payable Type	Post Date	Payable Description	on	Discount	t Amount P	Payable Amount		
	Account Number	Accou	nt Name	Item Description		Distributior	n Amount		
1565646	Invoice	03/20/2018	REPAIR CLAMPS, T	AP SADDLES & BELL JOI		0.00	4,883.28		
	711-510-743000		ATING SUPPLIES	REPAIR CLAMPS, TAP S	ADDLES		4,883.28		
1565704	Invoico	04/11/2018		NGS TO RESTOCK INVEN		0.00			
<u>1565794</u>	Invoice		ATING SUPPLIES	FORD BRASS FITTINGS		0.00	4,221.08 4,221.08		
	<u>711-510-743000</u>	OFLIG	ATING SOFFLIES	FUND BRASS FITTINGS	IO RESI		4,221.08		
03667	CRAW KAN TELEPHONE CO	DOP INC	04/18/2018	EFT		0.0	00 1,64	9.00	2003782
Payable #	Payable Type	Post Date	Payable Description	on	Discount	t Amount 🛛 P	Payable Amount		
	Account Number	Accou	nt Name	Item Description		Distributior	n Amount		
<u>18185Z10501.02</u>	Invoice	04/04/2018	2018 OPEN PO / N	IONTHLY CHARGE / BO		0.00	140.00		
	207-220-723004	UTILIT	Y - TELEPHONE	2018 OPEN PO / MON	THLY CHA		140.00		
007-004 0622 / #						0.00			
<u>907-004-9622 / #</u>	Invoice	04/12/2018		(M.MIX), 50/50 SPLIT		0.00	1,509.00		
	<u>711-500-764000</u>		INERY AND EQUIP	NEW COMPUTER (M.N	, .		754.50		
	712-540-764000	WACH	INERY AND EQUIP	NEW COMPUTER (M.N	/ii/), 50		754.50		
56300	DOUGLAS PUMP SERVICE	INC	04/18/2018	EFT		0.0	00 9.97	8.63	2003783
			, 10, 2010			0.0			

Спеск кероп							Date Kange	04/14/201	10 - 04/2//20
Vendor Number Payable #	Vendor Name Payable Type Account Number	Post Date Accoun	Payable Description	Payment Type on Item Description		t Amount	ount Paymer Payable Amo on Amount		Number
170660	Invoice 712-550-764000	04/04/2018 MACHII	REPAIR ON LARGE NERY AND EQUIP	DAVIS PUMP REPAIR ON LARGE DAV	IS PUMP	0.00	9,978 9,978.63	8.63	
54398 Payable #	DPC INDUSTRIES INC Payable Type Account Number	Post Date Accoun	04/18/2018 Payable Descriptic t Name	EFT on Item Description	Discoun	t Amount	0.00 Payable Amo ion Amount		2003784
DE81000079-18	Invoice <u>711-500-752000</u>	04/12/2018 CHEMIC		ATER TREATMENT CHE 2018 OPEN PO / WATE	R TREAT	0.00	140 140.00).00	
00040			04/10/2010	F.F.T.			0.00	406.22	2002705
06046	FASTENAL COMPANY		04/18/2018	EFT			0.00		2003785
Payable #	Payable Type	Post Date	Payable Description		Discoun		Payable Amo	unt	
	Account Number	Accoun	t Name	Item Description		Distributi	on Amount		
<u>KSFOR83167</u>	Invoice 711-500-742000	04/04/2018 EQUIPN	(8) PIPE CLAMPS / /ENT / VEHICLE M	WTP (8) PIPE CLAMPS / WTF)	0.00	4.13	1.13	
<u>KSFOR83194</u>	Invoice <u>712-550-742000</u>	04/03/2018 EQUIPN	BUTANE,CANISTER 1ENT / VEHICLE M	TORCH,BUTT CONNEC BUTANE,CANISTER TOF	CH,BUTT	0.00	82 82.60	2.60	
<u>KSFOR83195</u>	Invoice 712-550-742000	04/03/2018 EQUIPN	CONTACT CLEANEI IENT / VEHICLE M	R / WWC CONTACT CLEANER / V	/WC	0.00	27 27.21	2.21	
KSFOR83199	Invoice 711-500-745000	04/04/2018 JANITO	DISPOSABLE GLOV RIAL SUPPLIES	ES & PIPE SEALANT / W DISPOSABLE GLOVES &	PIPE SEA	0.00	73 73.84	3.84	
KSFOR83209	Invoice 100-420-750000	04/11/2018 MISCEL	ROTARY HMR W/S LANEOUS COMM	HOCKS & ROCK CARBID ROTARY HMR W/SHOC	KS & ROC	0.00	232 232.60	2.60	
KSFOR83231	Invoice <u>711-500-742000</u>	04/05/2018 EQUIPN	(6) PIPE CLAMPS / /ENT / VEHICLE M	WTP (6) PIPE CLAMPS / WTF)	0.00	7.53	7.53	
KSFOR83244	Invoice <u>100-420-750000</u>	04/06/2018 MISCEL	(2) OIL DRY ABSOR LANEOUS COMM	BENT / GOLF COURSE (2) OIL DRY ABSORBEN	T / GOLF	0.00	16 16.43	5.43	
KSFOR83266	Invoice <u>712-550-742000</u>	04/10/2018 EQUIPN		L ADHESIVE-LINED SHR BLACK HEAVY WALL AD	HESIVE-L	0.00	10 10.95).95	
KSFOR83286	Invoice <u>712-550-742000</u>	04/11/2018 EQUIPN	BRUSHES & AIR DL IENT / VEHICLE M	JSTER / WWC BRUSHES & AIR DUSTE	R / WWC	0.00	21 21.84	.84	
KSFOR83295	Invoice <u>711-510-743000</u>	04/10/2018 OPERAT	(3) CAUTION TAPE	/ WATER DIST (3) CAUTION TAPE / W/	ATER DIST	0.00	19 19.09	9.09	
06155	FLY LOW PUBLICATIONS IN	IC	04/18/2018	EFT			0.00		2003786
Payable #	Payable Type	Post Date	Payable Description	on	Discount	t Amount	Payable Amo	unt	
	Account Number	Accoun	t Name	Item Description		Distributi	on Amount		
<u>9145</u>	Invoice	04/02/2018	2018 OPEN PO / A	DVERTISING (AIRPORT)		0.00	130	0.00	
	100-310-727002	ADVERT	TISING	2018 OPEN PO / ADVE	RTISING (130.00		
06280	FORT SCOTT TRIBUNE INC		04/18/2018	EFT		(0.00	1,672.40	2003787
Payable #	Payable Type	Post Date	Payable Description		Discount		Payable Amo		
i dyabie #	Account Number				Discouli		•	une	
		Accoun		Item Description			on Amount		
<u>1358068 (03-31-</u>	Invoice	04/04/2018	MAR/LGLS-CODES,	LGLS-GLF CART SHED,A		0.00	1,672	2.40	
	<u>100-240-724000</u>	LEGAL F	PUBLICATIONS	MAR ADV / LEGALS (CC	DES DEP		1,609.08		
	<u>100-420-724000</u>	LEGAL F	PUBLICATIONS	MAR ADV / LEGALS (GO	OLF CART		23.32		
	<u>100-430-727002</u>	ADVERT	FISING	MAR ADV / SPRING SPO	ORTS PRE		40.00		
57770	FREEDOM READY MIX INC		04/18/2018	EFT			0.00	1.800.00	2003788
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r ayabie #					Discouli		-	unt	
4047	Account Number	Accoun		Item Description			on Amount		
<u>4017</u>	Invoice 204-300-763000	04/04/2018 IMPROV	(8.0 YARDS) 4000 /EMENTS	PSI 3RD & NATIONA (8.0 YARDS) 4000 PSI .	3RD &	0.00	800 800.00).00	
<u>4026</u>	Invoice 204-300-763000	04/11/2018 IMPROV	(10.0 YARDS) 4000 /EMENTS	OPSI WALL STREET (10.0 YARDS) 4000 PSI	WALL	0.00	1,000 1,000.00	0.00	

Payable # Account Number Post Date Payable Description Discount Amount Payable Amount 73291-IN Involice 03/29/2018 (4) CLEAR YELLOW 12" LED LENS 0.00 220.87 07162 GRAPHIC RESOURCES CORPORATION 04/18/2018 EFT 0.00 220.87 07162 GRAPHIC RESOURCES CORPORATION 04/18/2018 EFT 0.00 2 07162 GRAPHIC RESOURCES CORPORATION 04/18/2018 EFT 0.00 30.00 100-180-744000 03/26/2018 (500) BSNS CARDS / DENTON WESCOAT 0.00 39.00 486 Invoice 03/26/2018 (20) 2018 MOTOR BOAT LICENSES & BOA 0.00 20.2.77 711-520-750000 MISCELLANEOUS COMM (250) 2018 MOTOR BOAT LICEN 101.38 64905 Invoice 03/26/2018 C2018 DOTOR BOAT LICENSES & BOA 0.00 120.2.77 711-520-750000 MISCELLANEOUS COMM (250) 2018 MOTOR BOAT LICEN 101.38 64905 Invoice 03/26/2018 REPAR BEARDAY / WTP 0.00 120.00 11145 Payable Type	4/2018 - 04/27/2
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11148KANSAS ONE CALL SYSTEM INC04/18/2018EFT0.0012Payable #Payable Type Account NumberPost DatePayable DescriptionDiscount AmountPayable Amount8030237Invoice04/05/20182018 OPEN PO / LOCATES0.00136.80711-510-727016 712-550-727016LICENSE / PERMIT2018 OPEN PO / LOCATES68.40711-510-727016 712-550-727016LICENSE / PERMIT2018 OPEN PO / LOCATES68.4011386KOMB-FM/KMDO-AM Payable Type04/18/2018EFT0.0010Payable #Payable Type Post DatePayable DescriptionDiscount Amount Payable DescriptionPayable Amount Payable Amount97-00132-0001Invoice 208-165-74300004/03/2018WATERWAYS EXHIBIT (L.GAZAWAY)0.00160.0065110MEYER LAW FIRM LLC Payable Type Account Number04/18/2018EFT0.001065110MEYER LAW FIRM LLC Account Number04/18/2018EFT0.00101592Invoice04/04/2018COURT APPOINTED FEES (J.BASKIN)0.00105.00	
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Account NumberAccount NameItem DescriptionDistribution Amount8030237Invoice04/05/20182018 OPEN PO / LOCATES0.00136.8011386KOMB-FM/KMDO-AM04/05/2018EFT0.0010Payable #Payable Type04/08/2018EFT0.001097-00132-0001Invoice04/03/2018WATERWAYS EXHIBIT (L.GAZAWAY)0.00160.0065110MEYER LAW FIRM LLC04/03/2018EFT0.00160.00Payable #Payable Type04/08/2018EFT0.00160.001510Invoice04/03/2018WATERWAYS EXHIBIT (L.GAZAWAY)0.00160.0065110MEYER LAW FIRM LLCPost DatePayable DescriptionDiscount AmountPayable Amount65110MEYER LAW FIRM LLCPost DatePayable DescriptionDiscount AmountPayable Amount65110MEYER LAW FIRM LLC04/18/2018EFT0.00160.0071011004/04/2018EFT0.00160.0065110MEYER LAW FIRM LLC04/18/2018EFT0.00160.00711011004/04/2018EFT0.00160.00711111011004/04/2018EFT0.00160.007111110110110110110110711111011011011011011071111101101101101101107111110110110110<	6.80 2003793
8030237Invoice 711-510-727016 712-550-72701604/05/2018 20182018 OPEN PO / LOCATES0.00 68.40136.80 68.4011386KOMB-FM/KMDO-AM Payable # 97-00132-0001KOMB-FM/KMDO-AM Payable Type Account Number 208-165-74300004/18/2018 Post DateEFT0.00 Payable Description Discount Amount 04/03/20180.00 Payable Description100 Payable Type Post Date0.00 Payable Description100 Payable Description65110MEYER LAW FIRM LLC Payable Type Account Number Account Number 04/03/201804/18/2018 Post DateEFT Payable Description Discount Amount Payable Description0.00 Payable Type Payable Description0.00 Payable Description100.0065110MEYER LAW FIRM LLC Payable Type Account Number Account Number Account Number Account Number Account Number Account Name04/18/2018 Payable DescriptionEFT Discount Amount Payable Amount Payable Amount Payable Amount Payable Description0.00 DISCOUNT Amount Payable Amount Payable Amount Payable Description1592Invoice04/04/2018COURT APPOINTED FEES (J.BASKIN)0.00105.00	
T11-510-727016 712-550-727016LICENSE / PERMIT LICENSE / PERMIT2018 OPEN PO / LOCATES68.40 68.4011386 Payable # 97-00132-0001KOMB-FM/KMDO-AM Payable Type Account Number 208-165-74300004/18/2018 Post DateEFT Payable Description0.0010 Discount Amount Distribution Amount 04/03/201810065110 Payable # Payable # Payable Type Account Number 1592MEYER LAW FIRM LLC Post Date04/18/2018 Post Date Payable DescriptionEFT Notice Discount Amount Distribution Amount Payable Type Post Date04/18/2018 Post DateEFT Post Date0.00160.0065110 Payable # Payable Type Account Number Account Number Account Number04/18/2018 Post DateEFT Post Date0.001065110 Payable # Payable Type Account Number04/18/2018 Account NameEFT Post Date0.00101592Invoice Od/04/20180.00105.00105.00	
712-550-727016 LICENSE / PERMIT 2018 OPEN PO / LOCATES 68.40 11386 KOMB-FM/KMDO-AM 04/18/2018 EFT 0.00 10 Payable # Payable Type Post Date Payable Description Discount Amount Payable Amount 97-00132-0001 Invoice 04/03/2018 WATERWAYS EXHIBIT (L.GAZAWAY) 0.00 160.00 65110 MEYER LAW FIRM LLC 04/18/2018 EFT 0.00 10 Payable # Payable Type 04/18/2018 EFT 0.00 160.00 65110 MEYER LAW FIRM LLC 04/18/2018 EFT 0.00 10 Payable # Post Date Payable Description Discount Amount Payable Amount 65110 MEYER LAW FIRM LLC 04/18/2018 EFT 0.00 10 Fayable Type Post Date Payable Description Discount Amount Payable Amount 1592 Invoice 04/04/2018 COURT APPOINTED FEES (J.BASKIN) 0.00 105.00	
11386 KOMB-FM/KMDO-AM 04/18/2018 EFT 0.00 10 Payable # Payable Type Post Date Payable Description Discount Amount Payable Amount 97-00132-0001 Invoice 04/03/2018 WATERWAYS EXHIBIT (L.GAZAWAY) 0.00 160.00 65110 MEYER LAW FIRM LLC 04/18/2018 EFT 0.00 10 65110 MEYER LAW FIRM LLC 04/18/2018 EFT 0.00 10 65110 MEYER LAW FIRM LLC 04/18/2018 EFT 0.00 10 Payable # Payable Type Post Date Payable Description Discount Amount Payable Amount 1592 Invoice 04/04/2018 COURT APPOINTED FEES (J.BASKIN) 0.00 105.00	
Payable # Payable Type Account Number Post Date Payable Description Discount Amount Payable Amount 97-00132-0001 Invoice 208-165-743000 04/03/2018 WATERWAYS EXHIBIT (L.GAZAWAY) 0.00 160.00 65110 MEYER LAW FIRM LLC Payable Type Account Number 04/18/2018 EFT 0.00 100.00 65110 MEYER LAW FIRM LLC Payable Type Account Number 04/18/2018 EFT 0.00 100.00 1592 Invoice 04/04/2018 COURT APPOINTED FEES (J.BASKIN) 0.00 105.00	
Account Number Account Name Item Description Distribution Amount 97-00132-0001 Invoice 04/03/2018 WATERWAYS EXHIBIT (L.GAZAWAY) 0.00 160.00 05110 MEYER LAW FIRM LLC 04/18/2018 EFT 0.00 160.00 65110 MEYER LAW FIRM LLC 04/18/2018 EFT 0.00 160.00 65110 MEYER LAW FIRM LLC 04/18/2018 EFT 0.00 160.00 6512 MEYER LAW FIRM LLC 04/18/2018 EFT 0.00 160.00 1592 Invoice 04/04/2018 COURT APPOINTED FEES (J.BASKIN) 0.00 105.00	0.00 2003794
97-00132-0001 Invoice 04/03/2018 WATERWAYS EXHIBIT (L.GAZAWAY) 0.00 160.00 65110 MEYER LAW FIRM LLC 04/18/2018 EFT 0.00 16 Payable # Payable Type Post Date Payable Description Discount Amount Payable Amount 1592 Invoice 04/04/2018 COURT APPOINTED FEES (J.BASKIN) 0.00 105.00	
208-165-743000 OPERATING SUPPLIES WATERWAYS EXHIBIT (L.GAZAW 160.00 65110 MEYER LAW FIRM LLC 04/18/2018 EFT 0.00 10 Payable # Payable Type Post Date Payable Description Discount Amount Payable Amount Account Number Account Name Item Description Distribution Amount 1592 Invoice 04/04/2018 COURT APPOINTED FEES (J.BASKIN) 0.00 105.00	
Payable # Payable Type Account Number Post Date Payable Description Discount Amount Payable Amount 1592 Invoice 04/04/2018 COURT APPOINTED FEES (J.BASKIN) 0.00 105.00	
Payable # Payable Type Post Date Payable Description Discount Amount Payable Amount Account Number Account Name Item Description Distribution Amount 1592 Invoice 04/04/2018 COURT APPOINTED FEES (J.BASKIN) 0.00 105.00	5.00 2003795
Account NumberAccount NameItem DescriptionDistribution Amount1592Invoice04/04/2018COURT APPOINTED FEES (J.BASKIN)0.00105.00	
1592 Invoice 04/04/2018 COURT APPOINTED FEES (J.BASKIN) 0.00 105.00	
65252 MIDLAND GIS SOLUTIONS LLC 04/18/2018 EFT 0.00 8,60	0.00 2003796
Payable # Payable Type Post Date Payable Description Discount Amount Payable Amount	
Account Number Account Name Item Description Distribution Amount	
<u>9094</u> Invoice 04/05/2018 GIS MAP SYSTEM 0.00 8,600.00	
711-510-727006 ENGINEERING SERVICES GIS MAP SYSTEM 4,300.00	
712-550-727006 ENGINEERING SERVICES GIS MAP SYSTEM 4,300.00	
60697 MIDWEST MINERALS INC 04/18/2018 EFT 0.00 44	3.43 2003797
Payable # Payable Type Post Date Payable Description Discount Amount Payable Amount	
Account Number Account Name Item Description Distribution Amount	
159979 Invoice 04/11/2018 (36.08 TON) AB-3 (1-1/2" CRUSH STONE) 0.00 243.54	
711-530-743000 OPERATING SUPPLIES (36.08 TON) AB-3 (1-1/2" CRUS 243.54	

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Vendor Number <u>159980</u>	Vendor Name Invoice 711-530-743000	04/11/2018 OPER/	Payment Date (37.02 TON) AB-3 ATING SUPPLIES	Payment Type (1-1/2" CRUSH STONE) (37.02 TON) AB-3 (1-1/		count Amou 0.00	nt Payment 249. 249.89		Number
	111 330 7 13000	OT EN.		(57.62 1010)718 5 (1 1)	2 01105		215.05		
14050	NATIONAL SIGN COMPAN	Y INC	04/18/2018	EFT		0.0	00	330.90	2003798
Payable #	Payable Type	Post Date	Payable Description		Discoun		Payable Amou	nt	
	Account Number		nt Name	Item Description		Distributio			
<u>IN-186005</u>	Invoice 204-300-743000	03/27/2018 OPER/	(6) BLANK SIGNS 8 ATING SUPPLIES	& (12) U-CHANNEL CAPS (6) BLANK SIGNS & (12) U-CHAN	0.00	330. 330.90	90	
14099	NELSON QUARRIES INC		04/18/2018	EFT		0.0	00	821.74	2003799
Payable #	Payable Type	Post Date	Payable Description	on	Discoun	t Amount 🛛 🛛	Payable Amou	nt	
	Account Number		nt Name	Item Description		Distributio			
<u>79548</u>	Invoice	04/12/2018		ARKS & (43.97 TON) 1"		0.00	821.	74	
	<u>100-400-743000</u>		ATING SUPPLIES	(59.06 TON) AIC PA			531.54		
	<u>712-550-743000</u>	OPER/	ATING SUPPLIES	(43.97 TON) 1" BASE .	wwc		290.20		
63687	NITROPROMO		04/18/2018	EFT		0.0	00	2,661.00	2003800
Payable #	Payable Type	Post Date	Payable Description	on	Discoun	t Amount 🛛	Payable Amou	nt	
	Account Number	Accou	nt Name	Item Description		Distribution	n Amount		
<u>1003346</u>	Invoice	03/26/2018	ANNUAL UNIFORM	A PURCHASE / FSFD		0.00	2,569.	00	
	100-210-747000	UNIFC	RMS AND CLOTHIN	ANNUAL UNIFORM PU	RCHASE /		2,569.00		
<u>1003353</u>	Invoice	04/02/2018		GILDAN SOFTSTYLE SHO		0.00	57.	00	
	<u>711-500-747000</u>			(3) DK HEATHER / GILD			57.00		
<u>1003354</u>	Invoice	04/02/2018	. ,	ED PULLOVER / FSFD T		0.00	35.	00	
	<u>100-210-747000</u>	UNIFC	DRMS AND CLOTHIN	(1) FLEECE HOODED PU	JLLOVER		35.00		
14200	NUSS AND FARMER PA		04/18/2018	EFT		0.0	00	1,309.00	2003801
Payable #	Payable Type	Post Date	Payable Description	on	Discoun	t Amount 🛛 I	Payable Amou	nt	
	Account Number	Accou	nt Name	Item Description		Distribution	n Amount		
<u>03312018</u>	Invoice	04/10/2018	CLAIM / BEAUX AF			0.00	1,309.	00	
	<u>100-120-727001</u>	LEGAL	FEES	CLAIM / BEAUX ARTS (CENTER		1,309.00		
60044	PEPSI-COLA BOTTLING CO	MPANY OF PITTS	3UR 04/18/2018	EFT		0.0	00	268.25	2003802
Payable #	Payable Type	Post Date	Payable Description	on	Discoun	t Amount 🛛 I	Payable Amou	nt	
	Account Number	Accou	nt Name	Item Description		Distribution	n Amount		
<u>302765</u>	Invoice	04/10/2018	PRODUCT FOR VEI	NDING MACHINE @ BR		0.00	268.	25	
	<u>100-430-749000</u>	CONC	ESSION SUPPLIES	PRODUCT FOR VENDIN	IG MACHI		268.25		
55116	PRAXAIR INC		04/18/2018	EFT		0.0	00	823.00	2003803
Payable #	Payable Type	Post Date	Payable Description	on	Discoun	t Amount 🛛 I	Payable Amou	nt	
	Account Number	Accou	nt Name	Item Description		Distributio	n Amount		
<u>82250588</u>	Invoice	04/02/2018	-	VATER TREATMENT CHE		0.00	823.	00	
	<u>711-500-752000</u>	CHEM	ICALS	2018 OPEN PO / WATE	R TREAT		823.00		
56382	PRESTO-X		04/18/2018	EFT		0.0	00	69.00	2003804
Payable #	Payable Type	Post Date	Payable Description	on	Discoun	t Amount I	Payable Amou	nt	
	Account Number	Accou	nt Name	Item Description		Distributio	-		
7464649	Invoice	04/05/2018	2018 OPEN PO / G	ENERAL PEST SERVICE (0.00	69.	00	
	<u>100-430-727012</u>	CONT	RACTUAL SERVICES	2018 OPEN PO / GENE	RAL PEST		69.00		
65015	RONS TIRE & SERVICE		04/18/2018	EFT		0.0	00	20.00	2003805
Payable #	Payable Type	Post Date	Payable Description		Discoun		Payable Amou		2003003
	Account Number		nt Name	Item Description		Distributio	•		
<u>136481</u>	Invoice	03/27/2018		ES - R.BALLWEBER) UNI		0.00	10.	00	
	<u>100-240-742000</u>	EQUIF	MENT / VEHICLE M	TIRE REPAIR (CODES - F	R.BALLWE		10.00		
<u>725380</u>	Invoice	04/10/2018	TIRE SWAP / PARK	S DEPT		0.00	10.	00	
	<u>100-400-742000</u>	EQUIP	MENT / VEHICLE M	TIRE SWAP / PARKS DE	PT		10.00		
10240		DANY	04/10/2010	C C T			00	157.00	2002000
19340	SHERWIN WILLIAMS COM	PAINT	04/18/2018	EFT		0.0	00	127.03	2003806

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Vendor Number	Vendor Name	D D	•	Payment Type			ount Paymen		Number
Payable #	Payable Type	Post Date	Payable Description		Discount		Payable Amo	unt	
1400.0	Account Number		nt Name	Item Description			ion Amount	00	
<u>1400-9</u>	Invoice	03/22/2018	TING SUPPLIES	THINNER, BLUE PAIL / P		0.00	157 157.03	.03	
	<u>100-400-743000</u>	OPERA	TING SUPPLIES	BLACK PAINT, LAC THIN	INER, DLU		157.05		
57863	SITEONE LANDSCAPE SUP		04/18/2018	EFT			0.00	69 71	2003807
Payable #	Payable Type	Post Date	Payable Description		Discount		Payable Amo		2003007
	Account Number		nt Name	Item Description	210000		ion Amount		
84771618	Invoice	04/10/2018		A ASSY PGV / LAROCHE		0.00		.97	
	100-405-743000		TING SUPPLIES	HUNTER 1-1/2 DIA ASS	Y PGV / L		11.97		
84792171	Invoice	04/10/2018		OYALE SGN 150 / LAROC		0.00	67	.74	
04792171	100-405-743000		TING SUPPLIES	21-7-14M TURF ROYAL		0.00	57.74	.74	
	100-405-745000	OFLINA			L 30N 13		57.74		
19494	SOUTHERN UNIFORM AND		04/18/2018	EFT			0.00	1 449 37	2003808
Payable #	Payable Type	Post Date	Payable Description		Discount		Payable Amo		2000000
	Account Number		nt Name	Item Description	210000		ion Amount		
65518	Invoice	04/12/2018		STS (S.PRITCHETT & K.D		0.00	1,401	.97	
	100-200-747000		RMS AND CLOTHIN	BULLETPROOF VESTS (S	S.PRITCH		1,401.97		
66021						0.00		40	
<u>66031</u>	Invoice	04/02/2018	(10) EMBLEMS / F			0.00	47.40	.40	
	<u>100-200-747000</u>	UNIFO	RIVIS AND CLUTHIN	(10) EMBLEMS / FSPD			47.40		
55219	STERICYCLE INC		04/18/2018	EFT			0.00	43 41	2003809
Payable #	Payable Type	Post Date	Payable Description		Discount		Payable Amo		2003003
i ajasie ii	Account Number		nt Name	Item Description	Discouri		ion Amount	une	
4007740056	Invoice	04/01/2018		TERI-SAFE OSHA COMP		0.00		.41	
	100-200-727012		ACTUAL SERVICES	2018 OPEN PO / STERI-	SAFE OS	0.00	43.41		
	100 200 / 2/012			2010 01 2011 0 / 01200	0, 2 00				
64724	SYSTEMS MANUFACTURIN	IG INC	04/18/2018	EFT			0.00	734.00	2003810
Payable #	Payable Type	Post Date	Payable Description	on	Discount	t Amount	Payable Amo	unt	
	Account Number	Accour	nt Name	Item Description		Distribut	ion Amount		
<u>M2859</u>	Invoice	04/04/2018	LBR&MILEAGE (03	-17) WORKED ON COLL		0.00	734	.00	
	<u>711-500-727012</u>	CONTR	ACTUAL SERVICES	LBR&MILEAGE (03-17)	WORKED		734.00		
63723	TYLER TECHNOLOGIES INC		04/18/2018	EFT			0.00	,	2003811
Payable #	Payable Type	Post Date	Payable Description		Discoun		Payable Amo	unt	
25 217270	Account Number	04/01/2018	nt Name			Distribut	ion Amount 294	02	
<u>25-217370</u>	Invoice 100-170-727004			F PRNTR,CASH DRWR/1- THERMAL RECEIPT PRN		0.00	294.03	.05	
	100-170-727004				in,cash				
<u>25-217862</u>	Invoice	04/01/2018		VEB SUPPORT FOR ON-L		0.00	294	.00	
	<u>100-170-727012</u>		ACTUAL SERVICES	2018 OPEN PO / WEB S			125.00		
	<u>711-520-727012</u>		ACTUAL SERVICES	2018 OPEN PO / WEB S			84.50		
	<u>712-555-727012</u>	CONTR	ACTUAL SERVICES	2018 OPEN PO / WEB S	OPPORT		84.50		
<u>25-217964</u>	Invoice	04/03/2018	PRINT,STUFF,ELEC	TRONIC FILING/2017-10		0.00	4,455	.00	
	100-130-727012	CONTR	ACTUAL SERVICES	PRINT,STUFF,ELECTRON	NIC FILIN		1,113.75		
	100-140-727012	CONTR	ACTUAL SERVICES	PRINT, STUFF, ELECTRON	NIC FILIN		1,113.75		
	711-520-727012		ACTUAL SERVICES	PRINT, STUFF, ELECTRON	NIC FILIN		1,113.75		
	712-555-727012	CONTR	ACTUAL SERVICES	PRINT, STUFF, ELECTRON	NIC FILIN		1,113.75		
<u>25-219082</u>	Invoice	04/11/2018	2018 OPEN PO / II	NSITE TRANSACTION FE		0.00	2,172	.50	
	<u>100-170-727012</u>	CONTR	ACTUAL SERVICES	2018 OPEN PO / INSITE	TRANSA		105.00		
	711-520-727012	CONTR	ACTUAL SERVICES	2018 OPEN PO / INSITE	TRANSA		1,033.75		
	<u>712-555-727012</u>	CONTR	ACTUAL SERVICES	2018 OPEN PO / INSITE	TRANSA		1,033.75		
			a a 1 - a 1-						
22011	VANCE BROTHERS INC		04/18/2018	EFT			0.00		2003812
Payable #	Payable Type	Post Date	Payable Description		Discount		Payable Amo	unt	
711 4 7 4 9 4	Account Number		nt Name	Item Description			ion Amount	00	
<u>ZH 17131</u>	Invoice	03/22/2018	. ,	L EA-150 ASPHALT EMU		0.00	570	.00	
	<u>204-300-746000</u>	GAS AN		(228 GALLONS) OIL EA-	120 A25		570.00		
64931	VERMONT SYSTEMS INC		04/18/2018	EFT			0.00	930 00	2003813
07001			07/10/2010	L. I			0.00	550.00	2003013

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Vendor Number Payable #	Vendor Name Payable Type	Post Date	Payment Date Payable Descripti	Payment Type on			ount Payme Payable Amo		Number
	Account Number	Accou	nt Name	Item Description		Distribut	tion Amount		
58387	Invoice	04/05/2018	2018 OPEN PO / \	SI HOSTING SERVICE		0.00	93	0.00	
	100-400-727012	CONT	RACTUAL SERVICES	2018 OPEN PO / VSI H	IOSTING S		307.00		
	100-410-727012	CONT	RACTUAL SERVICES	2018 OPEN PO / VSI H			65.00		
	100-420-727012		RACTUAL SERVICES	2018 OPEN PO / VSI H			251.00		
	100-430-727012		RACTUAL SERVICES	2018 OPEN PO / VSI H			307.00		
65262	BLACK DOGS FARM LLC		04/20/2018	EFT			0.00		2003826
Payable #	Payable Type	Post Date	Payable Descripti				Payable Amo	ount	
	Account Number		nt Name	Item Description	6		tion Amount		
<u>04192018</u>	Invoice	04/19/2018	(31) BUS TOURIST			0.00		5.00	
	208-000-473000	TOURI	SM FEES	(31) BUS TOURIST			155.00		
65317	CHRIS YODER		04/20/2018	EFT			0.00	1.066.00	2003827
Payable #	Payable Type	Post Date	Payable Descripti		Discount A	mount	Payable Amo		2003027
r ayabic ii	Account Number		nt Name	Item Description			tion Amount	June	
04182018	Invoice	04/19/2018		AT PROJECT @ 1311 S NA		0.00	1,06	6.00	
04102010	309-400-727012		RACTUAL SERVICES	(68 HOURS) YAT PI		0.00	1,066.00	0.00	
	<u>303-400-727012</u>	contr					1,000.00		
61676	CONSTELLATION NEWEN	ERGY - GAS DIVISIC	ONI 04/20/2018	EFT			0.00	241.15	2003828
Payable #	Payable Type	Post Date	Payable Descripti	on	Discount A	mount	Payable Amo	ount	
	Account Number	Accou	nt Name	Item Description	6	Distribut	tion Amount		
<u>2294816</u>	Invoice	04/20/2018	2018 OPEN PO / 0	GAS SUPPLY CHARGES (A	L L L L L L L L L L L L L L L L L L L	0.00	24	1.15	
	<u>100-310-723001</u>	UTILIT	Y - GAS	2018 OPEN PO / GAS	SUPPLY CH		241.15		
50004			04/20/2040				0.00	60 FF	2002020
56964	DAVID EUGENE BRUNER	Deat Data	04/20/2018	EFT	Discount A		0.00 Payable Amo		2003829
Payable #	Payable Type	Post Date	Payable Descripti				•	Juni	
04162019	Account Number		nt Name		L		tion Amount	0 55	
<u>04162018</u>	Invoice	04/19/2018	L AND TRAINING	-BRUNER&SHARP/YOU MEAL RMBRSMNT-BR		0.00	60.55	0.55	
	<u>100-210-725000</u>	INAVL	L AND MAINING		UNERQON		00.55		
65198	INTERNATIONAL CODE CO	DUNCIL INC	04/20/2018	EFT			0.00	296.00	2003830
Payable #	Payable Type	Post Date	Payable Descripti	on	Discount A	mount	Payable Amo	ount	
	Account Number	Accou	nt Name	Item Description	0	Distribut	tion Amount		
<u>1000890127</u>	Invoice	04/16/2018	2012 POCKETBOC	KS & CODE CHECK BLD		0.00	14	9.75	
	<u>100-240-748000</u>	BOOKS	S AND SUBSCRIPTIO	2012 POCKETBOOKS	& CODE CH		149.75		
<u>1000890131</u>	Invoice	04/16/2018	2012 POCKETBOC	K & CODE CHECK CMCR	t	0.00	14	6.25	
	<u>100-240-748000</u>	BOOKS	S AND SUBSCRIPTIO	2012 POCKETBOOK &	CODE CHE		146.25		
63927			04/20/2018	C C T			0.00	80.00	2002921
	JAN ELLEN KELLOGG	Deat Data	04/20/2018	EFT	Discount A		0.00		2003831
Payable #	Payable Type	Post Date	Payable Descripti				Payable Amo	bunt	
04102010	Account Number		nt Name	Item Description			tion Amount	0.00	
<u>04192018</u>	Invoice	04/20/2018	-	CLEANING SERVICES (CIT		0.00		0.00	
	<u>100-190-727012</u>	CONTR	RACTUAL SERVICES	2018 OPEN PO / CLEA	NING SER		80.00		
64967	JT CONTRACTING		04/20/2018	EFT			0.00	4,500.00	2003832
Payable #	Payable Type	Post Date	Payable Descripti		Discount A	mount	Payable Amo		
	Account Number		nt Name	Item Description			tion Amount		
04192018	Invoice	04/20/2018	CONSTRUCT GOLE	•		0.00	4,50	0.00	
<u></u>	<u>315-420-762000</u>	BUILD		CONSTRUCT GOLF CA	RT SHED		4,500.00		
07160	MARSHAS GREAT PLAINS	DELI	04/20/2018	EFT			0.00	155.00	2003833
Payable #	Payable Type	Post Date	Payable Descripti	on	Discount A	mount	Payable Amo	ount	
	Account Number	Accou	nt Name	Item Description	0	Distribut	tion Amount		
<u>160032</u>	Invoice	04/18/2018	(31) SACK LUNCH	ES LARRY GAZAWAY		0.00	15	5.00	
	208-165-743000	OPERA	TING SUPPLIES	(31) SACK LUNCHES .	LARRY G		155.00		
65358	SAKER DEMOLITION		04/20/2018	EFT			0.00	2 900 00	2003834
00000	JAKEN DEIVIOLITION		04/20/2018	LI I			0.00	2,500.00	2003034

спеск кероп							Date Range: 04/14/	2018 - 04/2//20
Vendor Number Payable #	Vendor Name Payable Type	Post Date	Payment Date Payable Descripti			t Amount	ount Payment Amou Payable Amount	nt Number
	Account Number	Accou	int Name	Item Description		Distributi	ion Amount	
<u>04192018</u>	Invoice	04/19/2018	BUILDING DEMO	@ 1234 E ELM		0.00	2,900.00	
	<u>100-240-727015</u>	DEMO	DLITION EXPENSES	BUILDING DEMO (@ 1234 E ELM		2,900.00	
65246							0.00	00 2002025
65246	SARA ROOD		04/20/2018	EFT				00 2003835
Payable #	Payable Type	Post Date	Payable Descripti		Discount		Payable Amount	
	Account Number		int Name	Item Description			ion Amount	
04132018	Invoice	04/17/2018	FSPD / WEEKLY CL			0.00	140.00	
	<u>100-200-727012</u>	CONT	RACTUAL SERVICES	FSPD / WEEKLY CL	EANING SERVI		100.00	
	<u>100-240-727012</u>	CONT	RACTUAL SERVICES	MEMORIAL HALL /	/ WEEKLY CLE		40.00	
04105	DELTA DENTAL PLAN OF	KANSAS	04/27/2018	EFT		(0.00 2,744.	85 2003836
Payable #	Payable Type	Post Date	Payable Descripti		Discount		Payable Amount	
	Account Number		int Name	Item Description	2.000 0.00		ion Amount	
INV0003337	Invoice	04/06/2018	Dental Insurance	ID 6002-2		0.00	426.36	
<u></u>	<u>100-000-202000</u>		OLL LIABILITY CLEARI	Dental Insurance	ID 6002-2	0.00	426.36	
INV0003338	Invoice	04/06/2018	Dental Insurance	6002-2		0.00	946.28	
	<u>100-000-202000</u>	PAYRO	OLL LIABILITY CLEARI	Dental Insurance	6002-2		410.90	
	204-000-202000	PAYRO	OLL LIABILITY CLEARI	Dental Insurance	6002-2		27.50	
	208-000-202000	PAYRO	OLL LIABILITY CLEARI	Dental Insurance	6002-2		25.00	
	711-000-202000	PAYRO	OLL LIABILITY CLEARI	Dental Insurance	6002-2		349.97	
	712-000-202000	PAYRO	OLL LIABILITY CLEARI	Dental Insurance	6002-2		116.24	
	719-000-202000	PAYRO	OLL LIABILITY CLEARI	Dental Insurance	6002-2		16.67	
INV0003384	Invoice	04/20/2018	Dental Insurance	ID 6002-2		0.00	426.21	
	<u>100-000-202000</u>	PAYRC	OLL LIABILITY CLEARI	Dental Insurance	ID 6002-2		426.21	
INV0003385	Invoice	04/20/2018	Dental Insurance	6002-2		0.00	946.00	
	<u>100-000-202000</u>	PAYRO	OLL LIABILITY CLEARI	Dental Insurance	6002-2		410.75	
	204-000-202000	PAYRO	OLL LIABILITY CLEARI	Dental Insurance	6002-2		27.48	
	208-000-202000	PAYRO	OLL LIABILITY CLEARI	Dental Insurance	6002-2		24.99	
	711-000-202000	PAYRO	OLL LIABILITY CLEARI	Dental Insurance	6002-2		349.90	
	712-000-202000	PAYRO	OLL LIABILITY CLEARI	Dental Insurance	6002-2		116.22	
	<u>719-000-202000</u>	PAYRC	OLL LIABILITY CLEARI	Dental Insurance	6002-2		16.66	
21080	UNITED WAY OF BOURBO		04/27/2018	EFT			0.00 138.	00 2003837
Payable #	Payable Type	Post Date	Payable Descripti		Discount		Payable Amount	2003037
i ayabic ii	Account Number		int Name	Item Description	Discouri		ion Amount	
INV0003361	Invoice	04/06/2018	United Way	item beschption		0.00	69.00	
	100-000-202000	- ,,	OLL LIABILITY CLEARI	United Way		0.00	35.29	
	711-000-202000		OLL LIABILITY CLEARI	United Way			16.90	
	712-000-202000		OLL LIABILITY CLEARI	United Way			16.81	
1010/0002400				,		0.00		
<u>INV0003409</u>	Invoice	04/20/2018	United Way	11-11-114/-		0.00	69.00	
	<u>100-000-202000</u>		OLL LIABILITY CLEARI	United Way			35.28	
	711-000-202000		OLL LIABILITY CLEARI	United Way			16.90	
	712-000-202000	PAYRC	OLL LIABILITY CLEARI	United Way			16.82	
64884	AVFUEL CORPORATION		04/27/2018	EFT		(0.00 13,447.	44 2003862
Payable #	Payable Type	Post Date	Payable Descripti	on	Discount	t Amount	Payable Amount	
-	Account Number	Accou	int Name	Item Description			ion Amount	
10715523	Invoice	04/17/2018	(3,752 GALLONS)	100LL AVIATION FUE	EL	0.00	13,427.44	
	100-310-751000		ION FUEL	(3,752 GALLONS) 2			13,427.44	
10731273	Invoice	04/20/2018	2018 OPN PO/MR	CHNT EQPMNT RNT	L-M	0.00	20.00	
	<u>100-310-727012</u>		RACTUAL SERVICES	2018 OPN PO/MR		5.00	20.00	
02282	BOLTON CARPET CLEANI	NG	04/27/2018	EFT		(0.00 169.	30 2003863

Check Report							Date Range: (04/14/201	18 - 04/27/20
Vendor Number Payable #	Vendor Name Payable Type	Post Date	Payment Date Payable Descripti	ion		Amount I	nt Payment Payable Amou		Number
	Account Number		nt Name	Item Description		Distributio			
<u>04232018</u>	Invoice	04/24/2018		G (POLICE DEPT) 04-18-1		0.00	169.	30	
	<u>100-200-727012</u>	CONTR	RACTUAL SERVICES	CARPET CLEANING (PC	DLICE DEP		169.30		
02340	BOURBON COUNTY TRE	ASURER	04/27/2018	EFT		0.	00	2 572 98	2003864
Payable #	Payable Type	Post Date	Payable Descripti		Discount		Payable Amou	,	2003004
r ayable #	Account Number		nt Name	Item Description	Discount	Distributio	-		
04252019		04/25/2018		ESSMENTS (APRIL 2018)		0.00	2,572.	00	
04252018	Invoice 712-000-206000		EWER ASSESSMEN	LAKE SEWER ASSESSM	IENITS (AD	0.00	2,572.	90	
	712-000-200000	LARES		LARE SEWER ASSESSION			2,372.90		
65346	DENTON WESCOAT		04/27/2018	EFT		0.	00	86.55	2003865
Payable #	Payable Type	Post Date	Payable Descripti	ion	Discount	Amount I	Payable Amou	nt	
	Account Number	Accou	nt Name	Item Description		Distributio	n Amount		
04092018	Invoice	04/27/2018	*MILEAGE RMBRS	SMNT* 04-09 MICRO CT		0.00	86.	55	
	<u>100-180-725000</u>	TRAVE	L AND TRAINING	*MILEAGE RMBRSMN	T* 04-09		86.55		
60076									2002055
60876	EMD FORT SCOTT LLC		04/27/2018	EFT	_	0.		, -	2003866
Payable #	Payable Type	Post Date	Payable Descripti		Discount		Payable Amou	nt	
	Account Number		nt Name	Item Description		Distributio			
<u>04252018</u>	Invoice	04/25/2018	APRIL 2018 CID SA			0.00	1,717.	51	
	<u>100-160-736000</u>	PAYME	ENT TO CID DEVELO	APRIL 2018 CID SALES	ТАХ		1,717.51		
65136	FORT SCOTT DQ GRILL &	CHILL	04/27/2018	EFT		0.	00	623.20	2003867
Payable #	Payable Type	Post Date	Payable Descripti	ion	Discount	Amount I	Payable Amou	nt	
	Account Number		nt Name	Item Description		Distributio			
04252018	Invoice	04/25/2018	APRIL 2018 CID SA	•		0.00	623.	20	
01202020	100-160-736500		ENT TO DQ	APRIL 2018 CID SALES	ТАХ	0.00	623.20		
	100 100 / 00000	.,					010120		
63927	JAN ELLEN KELLOGG		04/27/2018	EFT		0.	00	80.00	2003868
Payable #	Payable Type	Post Date	Payable Descripti	ion	Discount	Amount I	Payable Amou	nt	
	Account Number	Accou	nt Name	Item Description		Distributio	n Amount		
04262018	Invoice	04/27/2018	2018 OPEN PO / 0	CLEANING SERVICES (CIT		0.00	80.	00	
	<u>100-190-727012</u>	CONTR	RACTUAL SERVICES	2018 OPEN PO / CLEAR	NING SER		80.00		
64967	JT CONTRACTING		04/27/2018	EFT		0.	00 1	8 150 00	2003869
Payable #	Payable Type	Post Date	Payable Descripti		Discount		Payable Amou	-,	2003005
rayable #	Account Number		nt Name	Item Description	Discount	Distributio	-	inc.	
FCOD				•		0.00		00	
<u>5682</u>	Invoice	04/27/2018	CONSTRUCT GOLI				18,150.	00	
	<u>315-420-762000</u>	BUILDI	INGS	CONSTRUCT GOLF CAF	AT SHED		18,150.00		
63358	OLSSON ASSOCIATES		04/27/2018	EFT		0.	00 2	2,372.00	2003870
Payable #	Payable Type	Post Date	Payable Descripti	ion	Discount	Amount I	Payable Amou	nt	
	Account Number	Accou	nt Name	Item Description		Distributio	-		
300481	Invoice	04/24/2018	ENVIRONMENTAL	ASSESSMENT - PHASE 2		0.00	1,072.	00	
	<u>322-310-727006</u>		EERING SERVICES	ENVIRONMENTAL ASS			1,072.00		
300482	Invoice	04/24/2018	AIRPORT RUNWA	Y ENGINEERING		0.00	21,300.	00	
	<u>322-310-727006</u>		EERING SERVICES	PAVING DESIGN / AIRP	ORT RUN		21,300.00		
65246	SARA ROOD		04/27/2018	EFT		0.			2003871
Payable #	Payable Type	Post Date	Payable Descripti	ion	Discount	Amount I	Payable Amou	nt	
	Account Number	Accou	nt Name	Item Description		Distributio	n Amount		
04202018	Invoice	04/20/2018	FSPD / WEEKLY C	LEANING SERVICE		0.00	140.	00	
	<u>100-200-727012</u>	CONTR	RACTUAL SERVICES	FSPD / WEEKLY CLEAN	ING SERVI		100.00		
	<u>100-240-727012</u>	CONTR	RACTUAL SERVICES	MEMORIAL HALL / WE	EKLY CLE		40.00		
65012	SHANNON O'NEIL		04/27/2018	EFT		0.	00	85.02	2003872

Vendor Number Payable #	Vendor Name Payable Type	Post Date	Payment Date Payable Description	Payment Type on [ount Payment Amo Payable Amount	unt Number
	Account Number	Accour	nt Name	Item Description	Distribut	tion Amount	
<u>04192018</u>	Invoice	04/26/2018	MILEAGE RMBRSN	/INT/03-28 CHANUTE &	0.00	85.02	
	<u>100-420-725000</u>	TRAVE	AND TRAINING	MILEAGE RMBRSMNT/03	-28 CH	85.02	
01026		CONTRANK	04/27/2019	Bank Draft		0.00 329	0.04 DFT0002296
	ADVANCE INSURANCE	Post Date	04/27/2018 Bayable Description		Discount Amount	Payable Amount	0.04 DF10002290
Payable #	Payable Type Account Number		Payable Description Name			tion Amount	
INV0003359	Invoice	04/06/2018		Item Description ployer Sponsored 320	0.00	160.92	
111100003333	100-000-202000		L LIABILITY CLEARI	Life Insurance Employer S		100.32	
	204-000-202000		L LIABILITY CLEARI	Life Insurance Employer S	-	13.50	
	208-000-202000		L LIABILITY CLEARI	Life Insurance Employer S	•	2.70	
	711-000-202000		L LIABILITY CLEARI	Life Insurance Employer S	-	26.56	
	712-000-202000		L LIABILITY CLEARI	Life Insurance Employer S	•	15.87	
	719-000-202000		L LIABILITY CLEARI	Life Insurance Employer S		1.80	
INV0003406	Invoice	04/20/2018	•	oloyer Sponsored 320	0.00	168.12	
	<u>100-000-202000</u>		L LIABILITY CLEARI	Life Insurance Employer S	-	107.69	
	204-000-202000		L LIABILITY CLEARI	Life Insurance Employer S	-	13.51	
	208-000-202000		L LIABILITY CLEARI	Life Insurance Employer S		2.70	
	711-000-202000		L LIABILITY CLEARI	Life Insurance Employer S	-	26.54	
	712-000-202000		L LIABILITY CLEARI	Life Insurance Employer S	-	15.88	
	<u>719-000-202000</u>	PAYROL	L LIABILITY CLEARI	Life Insurance Employer S	sponso	1.80	
56844	AFLAC		04/27/2018	Bank Draft		0.00 2,811	40 DFT0002297
Payable #	Payable Type	Post Date	Payable Description		Discount Amount	Payable Amount	40 DI 10002237
Fayable #	Account Number		it Name	Item Description		tion Amount	
INV0003326	Invoice	04/06/2018	AFLAC CB744	item bescription	0.00	221.94	
11110003320	100-000-202000		L LIABILITY CLEARI	AFLAC CB744	0.00	221.94	
				AILAC CD/44			
INV0003327	Invoice	04/06/2018	AFLAC CB744		0.00	338.04	
	<u>100-000-202000</u>		L LIABILITY CLEARI	AFLAC CB744		177.59	
	204-000-202000		L LIABILITY CLEARI	AFLAC CB744		49.62	
	<u>208-000-202000</u>		L LIABILITY CLEARI	AFLAC CB744		5.49	
	711-000-202000		L LIABILITY CLEARI	AFLAC CB744		74.99	
	712-000-202000		L LIABILITY CLEARI	AFLAC CB744		19.36	
	<u>719-000-202000</u>		L LIABILITY CLEARI	AFLAC CB744		10.99	
INV0003328	Invoice	04/06/2018	AFLAC Cancer CB7		0.00	259.74	
	<u>100-000-202000</u>		L LIABILITY CLEARI	AFLAC Cancer CB744		176.09	
	204-000-202000		L LIABILITY CLEARI	AFLAC Cancer CB744		6.59	
	<u>711-000-202000</u>		L LIABILITY CLEARI	AFLAC Cancer CB744		48.15	
	712-000-202000	PAYROL	L LIABILITY CLEARI	AFLAC Cancer CB744		28.91	
INV0003329	Invoice	04/06/2018	AFLAC Cancer CB7	/44	0.00	29.70	
	<u>100-000-202000</u>	PAYROL	L LIABILITY CLEARI	AFLAC Cancer CB744		29.70	
INV0003330	Invoice	04/06/2018	AFLAC CB744		0.00	10.14	
	100-000-202000		L LIABILITY CLEARI	AFLAC CB744		10.14	
101/0002221					0.00		
<u>INV0003331</u>	Invoice 100-000-202000	04/06/2018		AFLAC CB744	0.00	53.04 22.75	
	204-000-202000		L LIABILITY CLEARI	AFLAC CB744 AFLAC CB744		4.68	
	711-000-202000		L LIABILITY CLEARI			4.08	
	712-000-202000		L LIABILITY CLEARI	AFLAC CB744		12.62	
				AILAC CD/44			
<u>INV0003332</u>	Invoice	04/06/2018	AFLAC CB744		0.00	493.10	
	<u>100-000-202000</u>		L LIABILITY CLEARI	AFLAC CB744		328.69	
	204-000-202000		L LIABILITY CLEARI	AFLAC CB744		21.83	
	208-000-202000		L LIABILITY CLEARI	AFLAC CB744		30.03	
	711-000-202000		L LIABILITY CLEARI	AFLAC CB744		28.22	
	712-000-202000	PAYROL	L LIABILITY CLEARI	AFLAC CB744		84.33	
INV0003373	Invoice	04/20/2018	AFLAC CB744		0.00	221.94	
	<u>100-000-202000</u>	PAYROL	L LIABILITY CLEARI	AFLAC CB744		221.94	
INV0003374	Invoice	04/20/2018	AFLAC CB744		0.00	338.04	

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amou	Int Payment Amount	Number
	<u>100-000-202000</u>	PAYROLL LIABILITY CLEARI	AFLAC CB744		177.59	
	204-000-202000	PAYROLL LIABILITY CLEARI	AFLAC CB744		49.62	
	208-000-202000	PAYROLL LIABILITY CLEARI	AFLAC CB744		5.49	
	711-000-202000	PAYROLL LIABILITY CLEARI	AFLAC CB744		74.98	
	712-000-202000	PAYROLL LIABILITY CLEARI	AFLAC CB744		19.37	
	719-000-202000	PAYROLL LIABILITY CLEARI	AFLAC CB744		10.99	
INV0003375	Invoice	04/20/2018 AFLAC Cancer CB7		0.00	259.74	
	<u>100-000-202000</u>	PAYROLL LIABILITY CLEARI	AFLAC Cancer CB744		176.09	
	<u>204-000-202000</u>	PAYROLL LIABILITY CLEARI	AFLAC Cancer CB744		6.59	
	<u>711-000-202000</u>	PAYROLL LIABILITY CLEARI	AFLAC Cancer CB744		48.15	
	<u>712-000-202000</u>	PAYROLL LIABILITY CLEARI	AFLAC Cancer CB744		28.91	
INV0003376	Invoice	04/20/2018 AFLAC Cancer CB7	44	0.00	29.70	
111100003370	100-000-202000	PAYROLL LIABILITY CLEARI	AFLAC Cancer CB744	0.00	29.70	
	100 000 202000		A LAC culler cb/++			
INV0003377	Invoice	04/20/2018 AFLAC CB744		0.00	10.14	
	<u>100-000-202000</u>	PAYROLL LIABILITY CLEARI	AFLAC CB744		10.14	
INV0003378	Invoice	04/20/2018		0.00	53.04	
	100-000-202000	PAYROLL LIABILITY CLEARI	AFLAC CB744		22.76	
	204-000-202000	PAYROLL LIABILITY CLEARI	AFLAC CB744		4.68	
	711-000-202000	PAYROLL LIABILITY CLEARI	AFLAC CB744		12.99	
	712-000-202000	PAYROLL LIABILITY CLEARI	AFLAC CB744		12.61	
	/12-000-202000		AI LAC CB/44			
INV0003379	Invoice	04/20/2018 AFLAC CB744		0.00	493.10	
	<u>100-000-202000</u>	PAYROLL LIABILITY CLEARI	AFLAC CB744		328.69	
	204-000-202000	PAYROLL LIABILITY CLEARI	AFLAC CB744		21.83	
	<u>208-000-202000</u>	PAYROLL LIABILITY CLEARI	AFLAC CB744		30.03	
	<u>711-000-202000</u>	PAYROLL LIABILITY CLEARI	AFLAC CB744		28.21	
	712-000-202000	PAYROLL LIABILITY CLEARI	AFLAC CB744		84.34	
02129	BCBS OF KANSAS	04/27/2018	Bank Draft	0.	00 54,221.00	DFT0002298
Pavable #	Pavable Type	Post Date Pavable Description	on Disco	ount Amount	Pavable Amount	
Payable #	Payable Type Account Number	Post Date Payable Description			Payable Amount n Amount	
·	Account Number	Account Name	Item Description	Distributio	n Amount	
Payable # <u>INV0003343</u>	Account Number Invoice	Account Name 04/06/2018 Health Insurance -	Item Description 3200011		n Amount 1,559.50	
INV0003343	Account Number Invoice 100-000-202000	Account Name 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI	Item Description 3200011 Health Insurance - 3200011	Distributio 0.00	n Amount 1,559.50 1,559.50	
·	Account Number Invoice <u>100-000-202000</u> Invoice	Account Name 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance -	Item Description 3200011 Health Insurance - 3200011 3200011	Distributio	n Amount 1,559.50 1,559.50 5,500.00	
INV0003343	Account Number Invoice 100-000-202000 Invoice 100-000-202000	Account Name 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI	Item Description 3200011 Health Insurance - 3200011 3200011 Health Insurance - 3200011	Distributio 0.00	n Amount 1,559.50 1,559.50 5,500.00 4,030.75	
INV0003343	Account Number Invoice <u>100-000-202000</u> Invoice	Account Name 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance -	teen Description 3200011 Health Insurance - 3200011 3200011 Health Insurance - 3200011 Health Insurance - 3200011	Distributio 0.00	n Amount 1,559.50 1,559.50 5,500.00 4,030.75 163.25	
INV0003343	Account Number Invoice 100-000-202000 Invoice 100-000-202000	Account Name 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI	Item Description 3200011 Health Insurance - 3200011 3200011 Health Insurance - 3200011	Distributio 0.00	n Amount 1,559.50 1,559.50 5,500.00 4,030.75	
INV0003343	Account Number Invoice 100-000-202000 Invoice 100-000-202000 204-000-202000	Account Name 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI	teen Description 3200011 Health Insurance - 3200011 3200011 Health Insurance - 3200011 Health Insurance - 3200011	Distributio 0.00	n Amount 1,559.50 1,559.50 5,500.00 4,030.75 163.25	
INV0003343	Account Number Invoice 100-000-202000 Invoice 100-000-202000 204-000-202000 208-000-202000	Account Name 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI	Item Description3200011Health Insurance - 32000113200011Health Insurance - 3200011Health Insurance - 3200011Health Insurance - 3200011Health Insurance - 3200011	Distributio 0.00	n Amount 1,559.50 1,559.50 5,500.00 4,030.75 163.25 163.25	
<u>INV0003343</u> INV0003344	Account Number Invoice 100-000-202000 Invoice 100-000-202000 204-000-202000 208-000-202000 711-000-202000	Account Name 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI	Item Description 3200011 Health Insurance - 3200011 3200011 Health Insurance - 3200011 Health Insurance - 3200011 Health Insurance - 3200011 Health Insurance - 3200011	Distributio 0.00 0.00	n Amount 1,559.50 1,559.50 5,500.00 4,030.75 163.25 163.25 81.63 1,061.12	
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<u>INV0003343</u> <u>INV0003344</u> <u>INV0003345</u>	Account Number Invoice 100-000-202000 Invoice 100-000-202000 204-000-202000 711-000-202000 712-000-202000 Invoice 100-000-202000	Account Name 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI	Item Description3200011Health Insurance - 32000113200011Health Insurance - 3200011Health Insurance - 3200011	Distributio 0.00 0.00 0.00	n Amount 1,559.50 1,559.50 5,500.00 4,030.75 163.25 163.25 81.63 1,061.12 2,286.00 2,286.00	
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<u>INV0003343</u> <u>INV0003344</u> <u>INV0003345</u>	Account Number Invoice 100-000-202000 Invoice 100-000-202000 204-000-202000 711-000-202000 712-000-202000 Invoice 100-000-202000 Invoice	Account Name 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance -	Item Description3200011Health Insurance - 32000113200011Health Insurance - 3200011Health Insurance - 3200011J200011Health Insurance - 3200011	Distributio 0.00 0.00 0.00	n Amount 1,559.50 1,559.50 5,500.00 4,030.75 163.25 163.25 81.63 1,061.12 2,286.00 2,286.00 7,924.00	
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<u>INV0003343</u> <u>INV0003344</u> <u>INV0003345</u>	Account Number Invoice 100-000-202000 Invoice 100-000-202000 204-000-202000 711-000-202000 712-000-202000 Invoice 100-000-202000 204-000-202000 204-000-202000	Account Name 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI	Item Description3200011Health Insurance - 3200011Health Insurance - 3200011	Distributio 0.00 0.00 0.00	n Amount 1,559.50 1,559.50 5,500.00 4,030.75 163.25 163.25 81.63 1,061.12 2,286.00 2,286.00 7,924.00 2,671.57 1,500.52	
<u>INV0003343</u> <u>INV0003344</u> <u>INV0003345</u> <u>INV0003346</u>	Account Number Invoice 100-000-202000 Invoice 100-000-202000 204-000-202000 711-000-202000 712-000-202000 Invoice 100-000-202000 204-000-202000 204-000-202000 711-000-202000	Account Name 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI	Item Description3200011Health Insurance - 32000113200011Health Insurance - 3200011Health Insurance - 3200011Health Insurance - 3200011Health Insurance - 3200011B200011Health Insurance - 3200011Health Insurance - 3200011	Distributio 0.00 0.00 0.00 0.00	n Amount 1,559.50 1,559.50 5,500.00 4,030.75 163.25 163.25 81.63 1,061.12 2,286.00 2,286.00 7,924.00 2,671.57 1,500.52 3,219.53 532.38	
<u>INV0003343</u> <u>INV0003344</u> <u>INV0003345</u>	Account Number Invoice 100-000-202000 Invoice 100-000-202000 204-000-202000 711-000-202000 712-000-202000 Invoice 100-000-202000 204-000-202000 204-000-202000 711-000-202000 711-000-202000	Account Name04/06/2018Health Insurance - PAYROLL LIABILITY CLEARI04/06/2018Health Insurance - PAYROLL LIABILITY CLEARIPAYROLL LIABILITY CLEARIPAYROLL LIABILITY CLEARIPAYROLL LIABILITY CLEARIPAYROLL LIABILITY CLEARIPAYROLL LIABILITY CLEARIPAYROLL LIABILITY CLEARI04/06/2018Health Insurance - PAYROLL LIABILITY CLEARI04/06/2018Health Insurance - PAYROLL LIABILITY CLEARI04/06/2018Health Insurance - PAYROLL LIABILITY CLEARIPAYROLL LIABILITY CLEARI	Item Description3200011Health Insurance - 32000113200011Health Insurance - 3200011Health Insurance - 3200011Health Insurance - 3200011Health Insurance - 3200011B200011Health Insurance - 3200011Health Insurance - 3200011	Distributio 0.00 0.00 0.00	n Amount 1,559.50 1,559.50 5,500.00 4,030.75 163.25 163.25 81.63 1,061.12 2,286.00 2,286.00 7,924.00 2,671.57 1,500.52 3,219.53 532.38 1,315.00	
<u>INV0003343</u> <u>INV0003344</u> <u>INV0003345</u> <u>INV0003346</u>	Account Number Invoice 100-000-202000 204-000-202000 208-000-202000 711-000-202000 712-000-202000 Invoice 100-000-202000 204-000-202000 711-000-202000 711-000-202000 711-000-202000 712-000-202000	Account Name 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI	Item Description 3200011 Health Insurance - 3200011 3200011 Health Insurance - 3200011	Distributio 0.00 0.00 0.00 0.00 0.00	n Amount 1,559.50 1,559.50 5,500.00 4,030.75 163.25 163.25 81.63 1,061.12 2,286.00 2,286.00 7,924.00 2,671.57 1,500.52 3,219.53 532.38 1,315.00	
<u>INV0003343</u> <u>INV0003344</u> <u>INV0003345</u> <u>INV0003346</u>	Account Number Invoice 100-000-202000 204-000-202000 208-000-202000 711-000-202000 712-000-202000 Invoice 100-000-202000 204-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 Invoice 100-000-202000 Invoice	Account Name 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI	Item Description 3200011 Health Insurance - 3200011	Distributio 0.00 0.00 0.00 0.00	n Amount 1,559.50 1,559.50 5,500.00 4,030.75 163.25 163.25 81.63 1,061.12 2,286.00 2,286.00 7,924.00 2,671.57 1,500.52 3,219.53 532.38 1,315.00 1,315.00 2,682.00	
<u>INV0003343</u> <u>INV0003344</u> <u>INV0003345</u> <u>INV0003346</u>	Account Number Invoice 100-000-202000 204-000-202000 204-000-202000 711-000-202000 711-000-202000 712-000-202000 Invoice 100-000-202000 711-000-202000 711-000-202000 711-000-202000 Invoice 100-000-202000 Invoice 100-000-202000	Account Name 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI	Item Description 3200011 Health Insurance - 3200011	Distributio 0.00 0.00 0.00 0.00 0.00	n Amount 1,559.50 1,559.50 5,500.00 4,030.75 163.25 163.25 81.63 1,061.12 2,286.00 2,286.00 2,286.00 2,286.00 2,286.00 2,286.00 2,286.00 2,286.00 1,315.00 1,315.00 2,682.00 864.00	
<u>INV0003343</u> <u>INV0003344</u> <u>INV0003345</u> <u>INV0003346</u>	Account Number Invoice 100-000-202000 204-000-202000 208-000-202000 711-000-202000 712-000-202000 Invoice 100-000-202000 204-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 Invoice 100-000-202000 Invoice	Account Name 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI	Item Description 3200011 Health Insurance - 3200011	Distributio 0.00 0.00 0.00 0.00 0.00	n Amount 1,559.50 1,559.50 5,500.00 4,030.75 163.25 163.25 81.63 1,061.12 2,286.00 2,286.00 2,286.00 2,286.00 2,286.00 2,286.00 2,286.00 1,315.00 1,315.00 2,682.00 864.00 503.00	
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INV0003343 INV0003344 INV0003345 INV0003346 INV0003347 INV0003348	Account Number Invoice 100-000-202000 204-000-202000 204-000-202000 208-000-202000 711-000-202000 712-000-202000 Invoice 100-000-202000 711-000-202000 711-000-202000 712-000-202000 711-000-202000 711-000-202000 711-000-202000 Invoice 100-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000	Account Name 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI 04/06/2018 Health Insurance - PAYROLL LIABILITY CLEARI PAYROLL LIABILITY CLEARI	Item Description 3200011 Health Insurance - 3200011 3200011 Health Insurance - 3200011	Distributio 0.00 0.00 0.00 0.00 0.00 0.00	n Amount 1,559.50 1,559.50 5,500.00 4,030.75 163.25 163.25 163.25 81.63 1,061.12 2,286.00 2,286.00 7,924.00 2,671.57 1,500.52 3,219.53 532.38 1,315.00 1,315.00 2,682.00 864.00 503.00 1,027.00 288.00 1,258.50	
INV0003343 INV0003344 INV0003345 INV0003346 INV0003347 INV0003348	Account Number Invoice 100-000-202000 204-000-202000 204-000-202000 711-000-202000 711-000-202000 712-000-202000 Invoice 100-000-202000 711-000-202000 711-000-202000 712-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000	Account Name04/06/2018Health Insurance - PAYROLL LIABILITY CLEARI04/06/2018Health Insurance - PAYROLL LIABILITY CLEARI04/06/2018Health Insurance - PAYROLL LIABILITY CLEARIPAYROLL LIABILITY CLEARIPAYROLL LIABILITY CLEARIPAYROLL LIABILITY CLEARIPAYROLL LIABILITY CLEARI04/06/2018Health Insurance - PAYROLL LIABILITY CLEARI04	Item Description 3200011 Health Insurance - 3200011	Distributio 0.00 0.00 0.00 0.00 0.00 0.00	n Amount 1,559.50 1,559.50 5,500.00 4,030.75 163.25 163.25 81.63 1,061.12 2,286.00 2,286.00 2,286.00 2,286.00 2,286.00 2,286.00 2,286.00 2,286.00 2,286.00 1,012 2,286.00 2,671.57 1,500.52 3,219.53 532.38 1,315.00 1,315.00 2,682.00 864.00 503.00 1,027.00 288.00 1,0258.50 1,258.50 4,474.00	
INV0003343 INV0003344 INV0003345 INV0003346 INV0003347 INV0003348	Account Number Invoice 100-000-202000 204-000-202000 204-000-202000 208-000-202000 711-000-202000 712-000-202000 Invoice 100-000-202000 204-000-202000 711-000-202000 Invoice 100-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 710-000-202000 100-000-202000 1nvoice 100-000-202000 Invoice 100-000-202000 Invoice 100-000-202000	Account Name04/06/2018Health Insurance - PAYROLL LIABILITY CLEARI04/06/2018Health Insurance - PAYROLL LIABILITY CLEARI04/06/2018Health Insurance - PAYROLL LIABILITY CLEARIPAYROLL LIABILITY CLEARIPAYROLL LIABILITY CLEARIPAYROLL LIABILITY CLEARIPAYROLL LIABILITY CLEARI04/06/2018Health Insurance - PAYROLL LIABILITY CLEARI </td <td>Item Description 3200011 Health Insurance - 3200011</td> <td>Distributio 0.00 0.00 0.00 0.00 0.00 0.00</td> <td>n Amount 1,559.50 1,559.50 5,500.00 4,030.75 163.25 163.25 81.63 1,061.12 2,286.00 2,286.00 2,286.00 2,286.00 2,286.00 2,286.00 2,286.00 2,286.00 2,286.00 1,027.57 1,500.52 3,219.53 532.38 1,315.00 1,315.00 2,682.00 864.00 503.00 1,027.00 288.00 1,0258.50 1,258.50 1,258.50 4,474.00 1,785.85</br></td> <td></td>	Item Description 3200011 Health Insurance - 3200011	Distributio 0.00 0.00 0.00 0.00 0.00 0.00	n Amount 1,559.50 1,559.50 5,500.00 4,030.75 163.25 163.25 81.63 1,061.12 2,286.00 2,286.00 2,286.00 2,286.00 2,286.00 2,286.00 2,286.00 2,286.00 2,286.00 1,027.57 1,500.52 3,219.53 532.38 1,315.00 1,315.00 2,682.00 864.00 503.00 1,027.00 288.00 1,0258.50 1,258.50 1,258.50 4,474.00 	
INV0003343 INV0003344 INV0003345 INV0003346 INV0003347 INV0003348	Account Number Invoice 100-000-202000 204-000-202000 204-000-202000 711-000-202000 711-000-202000 712-000-202000 Invoice 100-000-202000 711-000-202000 711-000-202000 712-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000 711-000-202000	Account Name04/06/2018Health Insurance - PAYROLL LIABILITY CLEARI04/06/2018Health Insurance - PAYROLL LIABILITY CLEARI04/06/2018Health Insurance - PAYROLL LIABILITY CLEARIPAYROLL LIABILITY CLEARIPAYROLL LIABILITY CLEARIPAYROLL LIABILITY CLEARIPAYROLL LIABILITY CLEARI04/06/2018Health Insurance - PAYROLL LIABILITY CLEARI04	Item Description 3200011 Health Insurance - 3200011	Distributio 0.00 0.00 0.00 0.00 0.00 0.00	n Amount 1,559.50 1,559.50 5,500.00 4,030.75 163.25 163.25 81.63 1,061.12 2,286.00 2,286.00 2,286.00 2,286.00 2,286.00 2,286.00 2,286.00 2,286.00 2,286.00 1,012 2,286.00 2,671.57 1,500.52 3,219.53 532.38 1,315.00 1,315.00 2,682.00 864.00 503.00 1,027.00 288.00 1,0258.50 1,258.50 4,474.00	

Check Report						Date Range: 04/14/20	18 - 04/27/2018
Vendor Number	Vendor Name		Payment Date	Payment Type	Discount Am	ount Payment Amount	Number
	711-000-202000	PAYRO	LL LIABILITY CLEARI	Health Insurance - 320		1,175.45	
	712-000-202000	PAYRO	LL LIABILITY CLEARI	Health Insurance - 320	0011	771.70	
	719-000-202000		LL LIABILITY CLEARI	Health Insurance - 320		247.00	
1010/00000000							
<u>INV0003390</u>	Invoice	04/20/2018	Health Insurance -		0.00	1,559.50	
	100-000-202000	PATRO	LL LIABILITY CLEARI	Health Insurance - 320	10011	1,559.50	
INV0003391	Invoice	04/20/2018	Health Insurance -	3200011	0.00	5,500.00	
	<u>100-000-202000</u>	PAYRO	LL LIABILITY CLEARI	Health Insurance - 320	0011	4,030.75	
	204-000-202000	PAYRO	LL LIABILITY CLEARI	Health Insurance - 320	0011	163.25	
	208-000-202000		LL LIABILITY CLEARI	Health Insurance - 320	0011	163.25	
	711-000-202000	PAYRO	LL LIABILITY CLEARI	Health Insurance - 320	0011	81.63	
	712-000-202000	PAYRO	LL LIABILITY CLEARI	Health Insurance - 320	0011	1,061.12	
INV0003392	Invoice	04/20/2018	Health Insurance -	3200011	0.00	2,286.00	
	100-000-202000	PAYRO	LL LIABILITY CLEARI	Health Insurance - 320	0011	2,286.00	
INV0003393	Invoice	04/20/2018	Health Insurance -	2200011	0.00	7,924.00	
11110003333	100-000-202000		LL LIABILITY CLEARI	Health Insurance - 320		2,671.56	
	204-000-202000		LL LIABILITY CLEARI	Health Insurance - 320		1,500.51	
	711-000-202000		LL LIABILITY CLEARI	Health Insurance - 320		3,219.52	
	712-000-202000		LL LIABILITY CLEARI	Health Insurance - 320		532.41	
INV0003394	Invoice	04/20/2018	Health Insurance -		0.00	1,315.00	
	<u>100-000-202000</u>	PAYRO	LL LIABILITY CLEARI	Health Insurance - 320	0011	1,315.00	
INV0003395	Invoice	04/20/2018	Health Insurance -	3200011	0.00	2,682.00	
	<u>100-000-202000</u>	PAYRO	LL LIABILITY CLEARI	Health Insurance - 320	0011	864.00	
	208-000-202000	PAYRO	LL LIABILITY CLEARI	Health Insurance - 320	0011	503.00	
	<u>711-000-202000</u>	PAYRO	LL LIABILITY CLEARI	Health Insurance - 320	0011	1,027.00	
	712-000-202000	PAYRO	LL LIABILITY CLEARI	Health Insurance - 320	0011	288.00	
INV0003396	Invoice	04/20/2018	Health Insurance -	3200011	0.00	1,481.50	
	100-000-202000		LL LIABILITY CLEARI	Health Insurance - 320		1,481.50	
		04/20/2019	Health Insurance -	2200011	0.00		
INV0003397	Invoice	04/20/2018	LL LIABILITY CLEARI	Health Insurance - 320		4,474.00	
	<u>100-000-202000</u>			Health Insurance - 320		1,785.85 494.00	
	<u>204-000-202000</u> 711-000-202000		LL LIABILITY CLEARI	Health Insurance - 320		1,175.45	
	712-000-202000		LL LIABILITY CLEARI	Health Insurance - 320		771.70	
	719-000-202000		LL LIABILITY CLEARI	Health Insurance - 320		247.00	
	<u>715 000 202000</u>			ficaliti insurance 520		247.00	
64636	GREAT WEST FINANCIAL	(KPFRS 457)	04/20/2018	Bank Draft		0.00 50.00	DFT0002299
Payable #	Payable Type	Post Date	Payable Description			Payable Amount	
	Account Number		nt Name	Item Description		ion Amount	
INV0003382	Invoice	04/20/2018	Deferred Comp - K	•	0.00	50.00	
	100-000-202000		LL LIABILITY CLEARI	Deferred Comp - KPER		50.00	
63887	IRS		04/20/2018	Bank Draft		0.00 27,236.45	DFT0002300
Payable #	Payable Type	Post Date	Payable Description	on	Discount Amount	Payable Amount	
	Account Number	Accour	nt Name	Item Description	Distribut	ion Amount	
INV0003417	Invoice	04/20/2018	Social Security Tax		0.00	12,187.46	
	<u>100-000-202000</u>	PAYRO	LL LIABILITY CLEARI	Social Security Tax		6,259.36	
	204-000-202000	PAYRO	LL LIABILITY CLEARI	Social Security Tax		1,147.78	
	208-000-202000	PAYRO	LL LIABILITY CLEARI	Social Security Tax		340.84	
	711-000-202000	PAYRO	LL LIABILITY CLEARI	Social Security Tax		2,668.42	
	<u>712-000-202000</u>	PAYRO	LL LIABILITY CLEARI	Social Security Tax		1,667.22	
	<u>719-000-202000</u>	PAYRO	LL LIABILITY CLEARI	Social Security Tax		103.84	
INV0003419	Invoice	04/20/2018	Medicare Tax		0.00	4,328.96	
	100-000-202000		LL LIABILITY CLEARI	Medicare Tax	2.00	2,942.58	
	204-000-202000		LL LIABILITY CLEARI	Medicare Tax		268.46	
	208-000-202000		LL LIABILITY CLEARI	Medicare Tax		79.70	
	711-000-202000		LL LIABILITY CLEARI	Medicare Tax		624.08	
	712-000-202000		LL LIABILITY CLEARI	Medicare Tax		389.86	
	719-000-202000		LL LIABILITY CLEARI	Medicare Tax		24.28	

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Vendor Number INV0003420	Vendor Name Invoice	04/20/2018	Payment Date Federal Tax	Payment Type	Discount Amount 0.00	Payment Amount 10,720.03	Number
	<u>100-000-202000</u>	PAYRO	LL LIABILITY CLEARI	Federal Tax	7	7,352.73	
	204-000-202000	PAYRO	LL LIABILITY CLEARI	Federal Tax		655.42	
	208-000-202000	PAYRO	LL LIABILITY CLEARI	Federal Tax		171.61	
	711-000-202000	PAYRO	LL LIABILITY CLEARI	Federal Tax	1	,454.13	
	712-000-202000	PAYRO	LL LIABILITY CLEARI	Federal Tax	1	,086.14	
46002	KANSAS DEPARTMENT OF		04/20/2018	Bank Draft	0.00	- / -	DFT0002301
Payable #	Payable Type	Post Date	Payable Description		Discount Amount Pa		
	Account Number		nt Name	Item Description	Distribution /		
INV0003418	Invoice	04/20/2018	State Withholding		0.00	5,232.17	
	<u>100-000-202000</u>		LL LIABILITY CLEARI	State Withholding Tax	3	3,569.27	
	204-000-202000		LL LIABILITY CLEARI	State Withholding Tax		295.46	
	208-000-202000		LL LIABILITY CLEARI	State Withholding Tax		119.78	
	711-000-202000	PAYRO	LL LIABILITY CLEARI	State Withholding Tax		728.58	
	712-000-202000		LL LIABILITY CLEARI	State Withholding Tax		498.12	
	<u>719-000-202000</u>	PAYRO	LL LIABILITY CLEARI	State Withholding Tax		20.96	
11149	KANSAS PAYMENT CENTER	2	04/20/2018	Bank Draft	0.00		DFT0002302
Payable #	Payable Type	Post Date	Payable Description		Discount Amount Pa		
	Account Number		nt Name	Item Description	Distribution /		
INV0003412	Invoice	04/20/2018	BB04DM000048		0.00	109.38	
	<u>100-000-202000</u>	PAYRO	LL LIABILITY CLEARI	BB04DM000048		109.38	
INV0003413	Invoice	04/20/2018	BB14DM000108		0.00	138.46	
	<u>719-000-202000</u>	PAYRO	LL LIABILITY CLEARI	BB14DM000108		138.46	
INV0003414	Invoice	04/20/2018		nd BB12DM000111	0.00	379.84	
11110003414	<u>100-000-202000</u>		LL LIABILITY CLEARI	BB13DM000025 and B		379.84	
	100-000-202000	FAINO		BBISDW000025 and B	BIZDIVIO	575.04	
45989	KP&F		04/20/2018	Bank Draft	0.00	,	DFT0002303
Payable #	Payable Type	Post Date	Payable Descriptio		Discount Amount Pa	•	
1010 (00000 4000	Account Number		nt Name	Item Description	Distribution /		
<u>INV0003400</u>	Invoice	04/20/2018	KP&F	WD 0 5	0.00	14,581.89	
	<u>100-000-202000</u>	PAYRO	LL LIABILITY CLEARI	KP&F	14	l,581.89	
45990	KPERS		04/20/2018	Bank Draft	0.00	14,435.47	DFT0002304
Payable #	Payable Type	Post Date	Payable Description	on	Discount Amount Pa	yable Amount	
	Account Number	Accou	nt Name	Item Description	Distribution /	Amount	
INV0003401	Invoice	04/20/2018	KPERS Insurance		0.00	938.00	
	<u>100-000-202000</u>	PAYRO	LL LIABILITY CLEARI	KPERS Insurance		442.84	
	204-000-202000	PAYRO	LL LIABILITY CLEARI	KPERS Insurance		87.09	
	208-000-202000	PAYRO	LL LIABILITY CLEARI	KPERS Insurance		26.85	
	711-000-202000	PAYRO	LL LIABILITY CLEARI	KPERS Insurance		231.93	
	712-000-202000	PAYRO	LL LIABILITY CLEARI	KPERS Insurance		140.69	
	719-000-202000	PAYRO	LL LIABILITY CLEARI	KPERS Insurance		8.60	
INV0003402	Invoice	04/20/2018	KPERS		0.00	4,641.96	
	100-000-202000		LL LIABILITY CLEARI	KPERS		2,363.89	
	204-000-202000		LL LIABILITY CLEARI	KPERS	_	536.20	
	711-000-202000		LL LIABILITY CLEARI	KPERS	1	.,006.45	
	712-000-202000		LL LIABILITY CLEARI	KPERS	-	735.42	
INV0003403	Invoice	04/20/2018	KPERS		0.00	2,784.18	
111100003403	100-000-202000		LL LIABILITY CLEARI	KPERS		.,350.29	
	204-000-202000		LL LIABILITY CLEARI	KPERS	L	145.51	
	711-000-202000		LL LIABILITY CLEARI	KPERS	1	,009.68	
	712-000-202000		LL LIABILITY CLEARI	KPERS	L	278.70	
1010/02/02 40 4					0.00		
<u>INV0003404</u>	Invoice	04/20/2018	KPERS	KDEDC	0.00	6,071.33	
	<u>100-000-202000</u>		LL LIABILITY CLEARI	KPERS	2	2,658.09	
	204-000-202000		LL LIABILITY CLEARI	KPERS		571.35	
	208-000-202000		LL LIABILITY CLEARI	KPERS		386.37	
	<u>711-000-202000</u>	PAYRO	LL LIABILITY CLEARI	KPERS	1	.,321.12	

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Vendor Number	Vendor Name <u>712-000-202000</u> 719-000-202000		Payment Date LL LIABILITY CLEARI LL LIABILITY CLEARI	Payment Type KPERS KPERS	Discount Amo	Payment Amount 1,010.65 123.75	Number
	<u>, 15 000 101000</u>					120070	
64611	OGLI (MINNESOTA LIFE)		04/20/2018	Bank Draft		0.00 572.62	DFT0002305
Payable #	Payable Type Account Number	Post Date	Payable Description Name	on Item Description	Discount Amount	Payable Amount on Amount	
INV0003360	Invoice	04/06/2018	OGLI - Minnesota	•	0.00	286.30	
	100-000-202000		L LIABILITY CLEARI	OGLI - Minnesota Life		173.67	
	204-000-202000	PAYROI	L LIABILITY CLEARI	OGLI - Minnesota Life		5.00	
	<u>711-000-202000</u>	PAYRO	L LIABILITY CLEARI	OGLI - Minnesota Life		58.68	
	712-000-202000	PAYROI	L LIABILITY CLEARI	OGLI - Minnesota Life		48.95	
INV0003408	Invoice	04/20/2018	OGLI - Minnesota	Life	0.00	286.32	
	<u>100-000-202000</u>	PAYRO	L LIABILITY CLEARI	OGLI - Minnesota Life		173.71	
	204-000-202000	PAYROI	L LIABILITY CLEARI	OGLI - Minnesota Life		4.99	
	711-000-202000		L LIABILITY CLEARI	OGLI - Minnesota Life		58.68	
	712-000-202000	PAYROI	L LIABILITY CLEARI	OGLI - Minnesota Life		48.94	
61765	SECURITY BENEFIT (wire)		04/20/2018	Bank Draft		0.00 425.32	DFT0002306
Payable #	Payable Type	Post Date	Payable Description	on	Discount Amount	Payable Amount	
	Account Number	Accour	nt Name	Item Description	Distributi	on Amount	
INV0003381	Invoice	04/20/2018	Deferred Comp - 0	0613086	0.00	349.42	
	<u>100-000-202000</u>	PAYROI	L LIABILITY CLEARI	Deferred Comp - 0613	086	132.06	
	711-000-202000		L LIABILITY CLEARI	Deferred Comp - 0613		107.06	
	<u>712-000-202000</u>	PAYROI	L LIABILITY CLEARI	Deferred Comp - 0613	086	110.30	
INV0003383	Invoice	04/20/2018			0.00	75.90	
	<u>100-000-202000</u>	PAYROI	L LIABILITY CLEARI	Deferred Comp - 0613	086	25.05	
	711-000-202000		L LIABILITY CLEARI	Deferred Comp - 0613		25.80	
	712-000-202000	PAYROI	L LIABILITY CLEARI	Deferred Comp - 0613	086	25.05	
65245	SELECT ACCOUNT		04/20/2018	Bank Draft		0.00 1,027.66	DFT0002307
Payable #	Payable Type	Post Date	Payable Description	on	Discount Amount	Payable Amount	
-	Account Number	Accour	nt Name	Item Description	Distributi	on Amount	
INV0003398	Invoice	04/20/2018	HSA		0.00	182.50	
	<u>100-000-202000</u>	PAYROI	L LIABILITY CLEARI	HSA		182.50	
INV0003399	Invoice	04/20/2018	HSA		0.00	845.16	
	<u>100-000-202000</u>	PAYROI	L LIABILITY CLEARI	HSA		302.84	
	204-000-202000		L LIABILITY CLEARI	HSA		59.00	
	711-000-202000		L LIABILITY CLEARI	HSA		263.93	
	712-000-202000		L LIABILITY CLEARI	HSA		189.89	
	<u>719-000-202000</u>	PAYROI	L LIABILITY CLEARI	HSA		29.50	
64315	TASC		04/20/2018	Bank Draft		0.00 1,381.35	DFT0002308
Payable #	Payable Type	Post Date	Payable Description		Discount Amount		
	Account Number	Accour	nt Name	Item Description	Distributi	on Amount	
INV0003386	Invoice	04/20/2018	FSA Dependent		0.00	208.33	
	<u>100-000-202000</u>	PAYRO	L LIABILITY CLEARI	FSA Dependent		208.33	
INV0003387	Invoice	04/20/2018	FSA Medical		0.00	240.42	
	100-000-202000	PAYROI	L LIABILITY CLEARI	FSA Medical		240.42	
INV0003388	Invoice	04/20/2018	FSA Medical		0.00	827.60	
	<u>100-000-202000</u>	PAYROI	L LIABILITY CLEARI	FSA Medical		335.93	
	204-000-202000		L LIABILITY CLEARI	FSA Medical		96.90	
	711-000-202000		L LIABILITY CLEARI	FSA Medical		217.57	
	712-000-202000	PAYROI	L LIABILITY CLEARI	FSA Medical		177.20	
INV0003389	Invoice	04/20/2018	FSA NESP		0.00	105.00	
	711-000-202000	PAYROI	L LIABILITY CLEARI	FSA NESP		105.00	
65006			04/20/2019	Pank Draft			
65096	CITY STATE BANK (DRAFT)	INULLEY	04/20/2018	Bank Draft		0.00 3,598.99	DFT0002309

Vendor Number	Vendor Name		Payment Date	Payment Type	Dis	count Am	ount Paymer	t Amount	Number
Payable #	Payable Type	Post Date	Payable Description				Payable Amo		Number
	Account Number		it Name	Item Description			ion Amount		
04202018	Invoice	04/20/2018		EASE PYMTS (DUE: 2-1,		0.00	3,598	3.99	
	600-600-803008		PURCHASE - TROLL	TROLLEY/QRTRLY LEASE	E PYMTS (3,598.99		
11090	KANSAS DEPT OF REVENUE	E	04/20/2018	Bank Draft			0.00	7,681.90	DFT0002310
Payable #	Payable Type	Post Date	Payable Description	on	Discount	Amount	Payable Amo	unt	
	Account Number	Accoun	it Name	Item Description		Distribut	ion Amount		
<u>04202018</u>	Invoice	04/20/2018	MARCH MONTHLY	SALES TAX COMPUTATI		0.00	7,681	90	
	<u>100-000-205200</u>	COUNT	Y SALES TAX	GENERAL FUND - COUN	ITY SALE		1,648.98		
	<u>100-000-205300</u>	LOCAL	SALES TAX	GENERAL FUND - LOCA	L SALES T		1,905.46		
	<u>711-000-205300</u>	LOCAL	SALES TAX	WATER UTILITY - STATE	/LOCAL S		4,121.49		
	<u>711-000-461001</u>	WATER	CHARGES	WATER UTILITY - WATE	R CHARG		5.97		
55220			04/27/2018	Doold Droft			0.00	021 52	DET0002211
55229 Payable #	SUN LIFE FINANCIAL	Post Date	04/27/2018 Payable Description	Bank Draft	Discount		Payable Amo		DFT0002311
rayable #	Payable Type Account Number		it Name	Item Description	Discount		ion Amount	unt	
INV0003358	Invoice	04/06/2018	Life Insurance 300	•		0.00		56	
11100003338	100-000-202000		LIABILITY CLEARI	Life Insurance 300000	0-30065	0.00	305.61		
	204-000-202000		L LIABILITY CLEARI	Life Insurance 300000			30.76		
	711-000-202000		L LIABILITY CLEARI	Life Insurance 300000			64.38		
	712-000-202000		L LIABILITY CLEARI	Life Insurance 300000			10.81		
					0 30003				
<u>INV0003405</u>	Invoice	04/20/2018	Life Insurance 300			0.00		56	
	<u>100-000-202000</u>		L LIABILITY CLEARI	Life Insurance 300000			305.61		
	204-000-202000		L LIABILITY CLEARI	Life Insurance 300000			30.76		
	711-000-202000		L LIABILITY CLEARI	Life Insurance 300000			64.38		
	712-000-202000	PATROL	L LIABILITY CLEARI	Life Insurance 300000	0-30065		10.81		
INV0003407	Invoice	04/20/2018	Life Insurance Emp	loyer Sponsored 3000		0.00		3.40	
	<u>100-000-202000</u>	PAYROL	L LIABILITY CLEARI	Life Insurance Employe	r Sponso		32.47		
	711-000-202000	PAYROL	L LIABILITY CLEARI	Life Insurance Employe	r Sponso		32.47		
	712-000-202000	PAYROL	L LIABILITY CLEARI	Life Insurance Employe	r Sponso		33.46		
02129	BCBS OF KANSAS		04/27/2018	Bank Draft			0.00	2 939 00	DFT0002312
Payable #	Payable Type	Post Date	Payable Description		Discount		Payable Amo	,	2
	Account Number		it Name	Item Description			ion Amount		
<u>3200011 (04-09-</u>	Invoice	04/16/2018	RETIREE INS CONT	INUATION / MCKENNEY		0.00	2,939	0.00	
	711-520-704000		I INSURANCE	RETIREE INS COVERAGE	CONTIN		1,160.00		
	712-540-704000	HEALTH	I INSURANCE	RETIREE INS COVERAGE	CONTIN		1,126.00		
	<u>712-550-704000</u>	HEALTH	H INSURANCE	RETIREE INS COVERAGE	CONTIN		653.00		
64096	LANDMARK NATIONAL BAN			Bank Draft			0.00	,	DFT0002313
Payable #	Payable Type	Post Date	Payable Descriptio		Discount		Payable Amo	unt	
04272010	Account Number		t Name	Item Description			ion Amount		
04272018	Invoice	04/27/2018	-	EASE PURCHASE (INCOD		0.00	2,617	.05	
	<u>600-600-803003</u>	LEASE F	PURCHASE - INCOD	2018 OPEN PO / LEASE	PUKCHA		2,617.65		
64098	LANDMARK NATIONAL BAN	NK (DRAFT) STREFT	rs 04/27/2018	Bank Draft			0.00	2.969.48	DFT0002314
		(, , _ 0 10					,	

Check Report

Date Range: 04/14/2018 - 04/27/2018

Vendor Number Payable #	Vendor Name Payable Type	Post Date	Payment Date Payable Descripti	Payment Type on		nount Payment Amoun : Payable Amount	t Number
	Account Number	Accou	nt Name	Item Description	Distribu	ition Amount	
<u>04272018</u>	Invoice	04/27/2018		MONTHLY LEASE PYMT (0.00	y	
	600-600-803004	LEASE	PURCHASE - STREE	2018 OPEN PO / MONT	HLY LEAS	2,969.48	

Bank Code MM Summary

Payment Type	Payable Count	Payment Count	Discount	Payment
Regular Checks	93	49	0.00	113,038.28
Manual Checks	0	0	0.00	0.00
Voided Checks	0	10	0.00	0.00
Bank Drafts	63	19	0.00	143,660.59
EFT's	96	65	0.00	155,159.07
	252	143	0.00	411,857.94

All Bank Codes Check Summary

Payment Type	Payable Count	Payment Count	Discount	Payment
Regular Checks	93	49	0.00	113,038.28
Manual Checks	0	0	0.00	0.00
Voided Checks	0	10	0.00	0.00
Bank Drafts	63	19	0.00	143,660.59
EFT's	96	65	0.00	155,159.07
	252	143	0.00	411,857.94

Fund Summary

Fund	Name	Period	Amount
999	POOLED CASH	4/2018	411,857.94
			411,857.94

(First Published in the Fort Scott, Kansas, Daily Tribune-Monitor ______, 20___).

RESOLUTION NO. 24-2018

RESOLUTION AND NOTICE OF HEARING WITH REFERENCE TO ALLEGED UNSAFE AND DANGEROUS STRUCTURE AND ACCESSORY STRUCTURE

Where as, the Chief of the Fire Department and the Building Official of the City of Fort Scott, Kansas, pursuant to the provisions of Ordinance No. 3147 and 3487 of said City, has filed with the Board of Commissioners, the body of said City, a statement in writing that the structure and accessory structure located at **211 N. Lincoln Street** is unsafe for human habitation due to the dilapidated, unrepaired, and unsanitary condition of the structure and accessory structure located at: Lots 5 & 7, Block 17, Wilber's Addition, Part 2, Parcel #006-119-29-0-20-23-003.00.0, in Bourbon County, in the City of Fort Scott, Kansas, is unsafe and dangerous.

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE CITY OF FORT SCOTT, KANSAS;

Section 1. That a hearing be held in the City Commissioners Meeting Room at City Hall, 123 South Main, of the City of Fort Scott, Kansas, **June 19th**, **2018**, **at 6:15 p.m**. for the purpose of hearing evidence to be submitted by the Fire Chief and other representatives of said City with reference to the physical condition of the structure and accessory structure located on: Lots 5 & 7, Block 17, Wilber's Addition, Part 2, Parcel #006-119-29-0-20-23-003.00.0, more commonly known as **211 N. Lincoln Street** alleged to be unsafe and dangerous.

Section 2. The owner(s), his or their agent(s), any lienholders of record, and any occupant of such structure and any other person having an interest in said structure may appear at said hearing and show cause why such structure and accessory structure should not be condemned and ordered repair or demolished.

Section 3. This resolution shall be published once each week for two consecutive weeks on the same day of each week. At least 30 days shall elapse between the last publication and the date set for the hearing and a copy of said resolution shall be mailed by certified mail within three (3) days after its first publication to each such owner, agent, lienholders and occupant at his or its last known place of residence and shall be marked "delivered to the addressee only"; provided that if the owner is a resident of Bourbon County, Kansas, the resolution shall be personally served within five (5) days on such owner or delivered to his or their last known address in lieu of mailing the same, and in this case, at least one week shall elapse between the service on such owner and the date set for the hearing. Section 4. If the governing body of the City at said hearing shall find that such structure and accessory structure is unsafe and dangerous, said governing body will by resolution direct the structure to be repaired or removed and the premises made safe and secure pursuant to said Ordinance No. 3147 and 3487 and the provisions of K.S.A. 12-1750 to 12-1756 inclusive, as amended. Such resolution shall be published in the official City paper and a copy mailed to the owner(s), agent(s), lienholder(s) of record and occupant and other persons having an interest in the structure in the same manner provided for in the notice of hearing.

Section 5. This resolution shall be in full force and effect from and after the date of its adoption and publication.

Introduced, adopted and approved this <u>1st</u> day of <u>May</u>, <u>2018</u>.

ATTEST: (Seal)

JoLynne Mitchell, Mayor

Diane K. Clay, City Clerk

Notification of Intent to File Application and Public Meeting

The City of Fort Scott has filed an application for financial assistance with USDA Rural Development. The specific purpose of this application is for improvements to the City's water system. The proposed project will serve the residents of the City of Fort Scott.

A meeting regarding the proposed project will be held on *Tuesday, May 1*, at 6:00 pm at 123 S Main St., Fort Scott, 66701. The public is invited to attend this meeting and to provide comments on the proposed project.

Any written comments regarding this application should be provided within (15) days of this publication to USDA Rural Development, 1303 SW First American Place, Suite 100, Topeka, KS 66604. Requests to receive a copy of this application should be directed to this office.

JoLynne Mitchell Mayor (First Published in the Fort Scott, Kansas, Daily Tribune-Monitor _______, 20____).

RESOLUTION NO. 22-2018

RESOLUTION DIRECTING THE REPAIR OR REMOVAL OF AN UNSAFE AND DANGEROUS STRUCTURE

WHEREAS, by resolution adopted on <u>March 20th, 2018</u>, the governing body of the City of Fort Scott directed that a hearing be held in the Board of Commissioners room in City Hall, in the City of Fort Scott, Kansas, on <u>May</u> <u>1st, 2018</u> at <u>6:15 p.m.</u> for the purpose of hearing evidence with reference to the physical condition of the structure located at: Lot 1, Block 2, Cameron's Addition, Parcel #006.119-29-0-20-35-004-00-0-0, more commonly known as: <u>1602 E. Oak Street.</u>

WHEREAS, on the date fixed for said hearing evidence was submitted by the Codes Administrator and other representatives of the City which shows the above described structure to be unsafe and dangerous, and,

WHEREAS, notice of said hearing has been duly given to the owner(s), his or their agent(s), and lienholders of record and any occupant of such structure and all others having as interest in said premises, as provided by K.S.A. 12-1752, as amended by Section I of Chapter 185 of the 1968 Kansas Session Laws, and the following appearances were made at the hearing by such persons, and

WHEREAS, as said hearing the governing body did find that such above described structure is unsafe and dangerous;

NOW, THEREFORE, ON the first day of May, 2018 at 6:15 p.m. BE IT RESOLVED BY THE GOVERNING BODY OF THE CITY OF FORT SCOTT, KANSAS:

Section 1. That the structure located on: Lot 1, Block 2, Cameron's Addition, Parcel #006.119-29-0-20-35-004-00-0-0, more commonly known as: **1602 E. Oak Street** in the City of Fort Scott, Kansas is unsafe and dangerous and should be repaired or removed and the premises made safe and secure as hereinafter set forth.

Section 2. This structure must be brought up to the 2012 International Building Code of the City of Fort Scott by **June 8th**, **2018**. A copy of the specifications for the rehabilitation of the property in Fort Scott has been furnished to the owner.

Section 3. The owner(s) of said structure shall commence the repair or removal of said structure by **June 8th**, **2018**, and shall diligently prosecute the same until the work is completed. Said owner(s) shall fill in any basement or other excavation located upon the premises and take any other action necessary to leave such premises in a safe condition. Section 4. If the owner(s) of said structure shall fail to commence the repair or removal of such structure by said <u>June 8th</u>, 2018, or having commenced shall fail to diligently prosecute the same thereafter, the City of Fort Scott shall proceed to raze and remove such structure and make the premises safe and secure or shall let the same to contract, all as provided by K.S.A. 12-1775, as amended by Section 2, of Chapter 185 of the Kansas Session Laws.

Section 5. In the event such structure is razed by the City, the net cost to the City shall be assessed as a special assessment against the land on which the structure was located.

Section 6. This resolution shall be published once in the official City newspaper.

Section 7. This resolution shall be in full force and effect from and after the date of its adoption and approval.

INTRODUCED, ADOPTED AND APPROVED on May 1st, 2018.

ATTEST:

(Seal)

JoLynne Mitchell, Mayor

Diane K. Clay, City Clerk

(First Published in the Fort Scott, Kansas, Daily Tribune-Monitor _______, 20_____, 20_____).

RESOLUTION NO. 23-2018

RESOLUTION DIRECTING THE REPAIR OR REMOVAL OF AN UNSAFE AND DANGEROUS STRUCTURE

WHEREAS, by resolution adopted on <u>March 20th, 2018</u>, the governing body of the City of Fort Scott directed that a hearing be held in the Board of Commissioners room in City Hall, in the City of Fort Scott, Kansas, on <u>May</u> <u>1st</u>, 2018 at <u>6:15 p.m.</u> for the purpose of hearing evidence with reference to the physical condition of the structure located at: North 37.5' of Lot 4, Block 168, Fort Scott Addition, Parcel #006.119-30-0-30-40-011-00-0-0, more commonly known as: <u>504 S. Judson Street.</u>

WHEREAS, on the date fixed for said hearing evidence was submitted by the Codes Administrator and other representatives of the City which shows the above described structure to be unsafe and dangerous, and,

WHEREAS, notice of said hearing has been duly given to the owner(s), his or their agent(s), and lienholders of record and any occupant of such structure and all others having as interest in said premises, as provided by K.S.A. 12-1752, as amended by Section I of Chapter 185 of the 1968 Kansas Session Laws, and the following appearances were made at the hearing by such persons, and

WHEREAS, as said hearing the governing body did find that such above described structure is unsafe and dangerous;

NOW, THEREFORE, ON the first day of May, 2018 at 6:15 p.m. BE IT RESOLVED BY THE GOVERNING BODY OF THE CITY OF FORT SCOTT, KANSAS:

Section 1. That the structure located on: North 37.5' of Lot 4, Block 168, Fort Scott Addition, Parcel #006.119-30-0-30-40-011-00-0-0, more commonly known as: **504 S. Judson Street** in the City of Fort Scott, Kansas is unsafe and dangerous and should be repaired or removed and the premises made safe and secure as hereinafter set forth.

Section 2. This structure must be brought up to the 2012 International Building Code of the City of Fort Scott by **June 8th**, **2018**. A copy of the specifications for the rehabilitation of the property in Fort Scott has been furnished to the owner.

Section 3. The owner(s) of said structure shall commence the repair or removal of said structure by **June 8th**, **2018**, and shall diligently prosecute the same until the work is completed. Said owner(s) shall fill in any basement or other excavation located upon the premises and take any other action necessary to leave such premises in a safe condition. Section 4. If the owner(s) of said structure shall fail to commence the repair or removal of such structure by said <u>June 8th</u>, 2018, or having commenced shall fail to diligently prosecute the same thereafter, the City of Fort Scott shall proceed to raze and remove such structure and make the premises safe and secure or shall let the same to contract, all as provided by K.S.A. 12-1775, as amended by Section 2, of Chapter 185 of the Kansas Session Laws.

Section 5. In the event such structure is razed by the City, the net cost to the City shall be assessed as a special assessment against the land on which the structure was located.

Section 6. This resolution shall be published once in the official City newspaper.

Section 7. This resolution shall be in full force and effect from and after the date of its adoption and approval.

INTRODUCED, ADOPTED AND APPROVED on May 1st, 2018.

ATTEST:

(Seal)

JoLynne Mitchell, Mayor

Diane K. Clay, City Clerk

(First Published in the Fort Scott, Kansas, Daily Tribune-Monitor _________, 19______, 19______.

RESOLUTION NO. 25-2018

RESOLUTION DIRECTING THE REPAIR OR REMOVAL OF AN UNSAFE AND DANGEROUS STRUCTURE.

WHEREAS, by resolution adopted on <u>February 6th, 2018</u>, the governing body of the City of Fort Scott directed that a hearing be held in the Board of Commissioners room in City Hall, in the City of Fort Scott, Kansas, on <u>May</u> <u>1st, 2018</u> at <u>6:15 p.m.</u> for the purpose of hearing evidence with reference to the physical condition of the structure located at: Lot 9 & Part of Lot 11 beginning at the NE Corner of Lot 11, Then West 120', then South 50', Then E 100', Then NELY 40' to a point 19' S of the NE Corner of Lot 11, Then N 18' to POB, Block 171, Fort Scott Addition, Parcel #006-119-30-0-30-37-003.00.0, more commonly known as: <u>523 S. Main Street.</u>

WHEREAS, on the date fixed for said hearing evidence was submitted by the Codes Administrator and other representatives of the City which shows the above described structure to be unsafe and dangerous, and,

WHEREAS, notice of said hearing has been duly given to the owner(s), his or their agent(s), and lienholders of record and any occupant of such structure and all others having as interest in said premises, as provided by K.S.A. 12-1752, as amended by Section I of Chapter 185 of the 1968 Kansas Session Laws, and the following appearances were made at the hearing by such persons, and

WHEREAS, as said hearing the governing body did find that such above described structure is unsafe and dangerous;

NOW, THEREFORE, ON the first day of May, 2018 at 6:15 p.m. BE IT RESOLVED BY THE GOVERNING BODY OF THE CITY OF FORT SCOTT, KANSAS:

Section 1. That the structure located on: Lot 9 & Part of Lot 11 beginning at the NE Corner of Lot 11, Then West 120', then South 50', Then E 100', Then NELY 40' to a point 19' S of the NE Corner of Lot 11, Then N 18' to POB, Block 171, Fort Scott Addition, Parcel #006-119-30-0-30-37-003.00.0, more commonly known as: **523 S. Main Street** in the City of Fort Scott, Kansas is unsafe and dangerous and should be repaired or removed and the premises made safe and secure as hereinafter set forth.

Section 2. This structure must be brought up to the 2012 International Building Code of the City of Fort Scott by **June 8th, 2018**. A copy of the specifications for the rehabilitation of the property in Fort Scott has been furnished to the owner.

Section 3. The owner(s) of said structure shall commence the repair or removal of said structure by **June 8th**, **2018**, and shall diligently prosecute the same until the work is completed. Said owner(s) shall fill in any basement or other excavation located upon the premises and take any other action necessary to leave such premises in a safe condition.

Section 4. If the owner(s) of said structure and accessory structure shall fail to commence the repair or removal of such structure by said <u>June</u> **8th**, **2018**, or having commenced shall fail to diligently prosecute the same thereafter, the City of Fort Scott shall proceed to raze and remove such structure and make the premises safe and secure or shall let the same to contract, all as provided by K.S.A. 12-1775, as amended by Section 2, of Chapter 185 of the Kansas Session Laws.

Section 5. In the event such structure is razed by the City, the net cost to the City shall be assessed as a special assessment against the land on which the structure was located.

Section 6. This resolution shall be published once in the official City newspaper.

Section 7. This resolution shall be in full force and effect from and after the date of its adoption and approval.

INTRODUCED, ADOPTED AND APPROVED on May 1st, 2018.

ATTEST:

(Seal)

JoLynne Mitchell, Mayor

Diane K. Clay, City Clerk

(First Published in the Fort Scott, Kansas, Daily Tribune-Monitor ______, 20____).

RESOLUTION NO. 15-2018

<u>RESOLUTION DIRECTING THE REPAIR OR REMOVAL OF AN UNSAFE</u> <u>AND DANGEROUS STRUCTURE AND ACCESSORY STRUCTURE</u>

WHEREAS, by resolution adopted on <u>February 6th</u>, 2018, the governing body of the City of Fort Scott directed that a hearing be held in the Board of Commissioners room in City Hall, in the City of Fort Scott, Kansas, on <u>May</u> <u>1st</u>, 2018 at <u>6:15 p.m.</u> for the purpose of hearing evidence with reference to the physical condition of the structure and accessory structure located at: Lot 20, Block 2, Cameron's Addition, Parcel #006.119-29-0-20-35-005-00-0-0, more commonly known as: <u>1601 E. Wall Street</u>.

WHEREAS, on the date fixed for said hearing evidence was submitted by the Codes Administrator and other representatives of the City which shows the above described structure and accessory structure to be unsafe and dangerous, and,

WHEREAS, notice of said hearing has been duly given to the owner(s), his or their agent(s), and lienholders of record and any occupant of such structure and accessory structure and all others having as interest in said premises, as provided by K.S.A. 12-1752, as amended by Section I of Chapter 185 of the 1968 Kansas Session Laws, and the following appearances were made at the hearing by such persons, and

WHEREAS, as said hearing the governing body did find that such above described structure and accessory structure is unsafe and dangerous;

NOW, THEREFORE, ON the first day of May, 2018 at 6:15 p.m. BE IT RESOLVED BY THE GOVERNING BODY OF THE CITY OF FORT SCOTT, KANSAS:

Section 1. That the structure and accessory structure located on: Lot 20, Block 2, Cameron's Addition, Parcel #006.119-29-0-20-35-005-00-0-0, more commonly known as: **1601 E. Wall Street** in the City of Fort Scott, Kansas is unsafe and dangerous and should be repaired or removed and the premises made safe and secure as hereinafter set forth.

Section 2. This structure and accessory structure must be brought up to the 2012 International Building Code of the City of Fort Scott by **June <u>8th</u>**, **2018**. A copy of the specifications for the rehabilitation of the property in Fort Scott has been furnished to the owner.

Section 3. The owner(s) of said structure shall commence the repair or removal of said structure and accessory structure by <u>June 8th</u>, 2018, and shall diligently prosecute the same until the work is completed. Said owner(s) shall fill in any basement or other excavation located upon the premises and take any other action necessary to leave such premises in a safe condition.

Section 4. If the owner(s) of said structure and accessory structure shall fail to commence the repair or removal of such structure by said <u>June</u> <u>8th</u>, <u>2018</u>, or having commenced shall fail to diligently prosecute the same thereafter, the City of Fort Scott shall proceed to raze and remove such structure and accessory structure and make the premises safe and secure or shall let the same to contract, all as provided by K.S.A. 12-1775, as amended by Section 2, of Chapter 185 of the Kansas Session Laws.

Section 5. In the event such structure and accessory structure is razed by the City, the net cost to the City shall be assessed as a special assessment against the land on which the structure and accessory structure was located.

Section 6. This resolution shall be published once in the official City newspaper.

Section 7. This resolution shall be in full force and effect from and after the date of its adoption and approval.

INTRODUCED, ADOPTED AND APPROVED on May 1st, 2018.

ATTEST: (Seal)

JoLynne Mitchell, Mayor

Diane K. Clay, City Clerk

Staff Request for Commission Action				
Proposed for the following	g agenda to be held on:	1-May-18		
	Date:	27-Apr-18		
	Contact Name:	Deb Needleman		
	Department:	Human Resources		
Item Description:	Revised Employee Hand	book		
Action Requested:	Approval of Revised Emp	oloyee Handbook		
		9). (9)		
Budget Impact: (if applical	ole) Amount:			
Source:	Included in Budget	(Account Code)		
	Other (Explain)			
Budget / Finance Approval	:	Date:		
City Manager:	Cantom	Date:	4/27/18	

ORDINANCE NO. 3533

AN ORDINANCE REPLACING ORDINANCE NO. 3457, ADOPTING EMPLOYEE MANUAL, REPLACING ORDINANCE NO. 3475, ADOPTING RESIDENCY REQUIREMENTS, REPLACING ORDINANCE NO 3479, ADOPTING WEAPONS IN THE WORKPLACE, ORDINANCE NO. 3492, COMPUTER EQUIPMENT POLICY, AND ORDINANCE 3493, SHARED LEAVE POLICY, AND ADDING SECTION 13:5 – PHYSICAL ACTIVITY POLICY AND ADOPTING ORDINANCE NO. 3533 – UPDATED EMPLOYEE HANDBOOK.

BE IT ORDAINED BY THE GOVERNING BODY OF THE CITY OF FORT SCOTT, BOURBON COUNTY, KANSAS.

SECTION 1. Ordinance No. 3533 authorizes the updated Employee Handbook for the City of Fort Scott and repeals Ordinance No. 3457.

SECTION 3:4. Ordinance No. 3533 updates the Residency Requirements for employees of the City of Fort Scott and repeals Ordinance No. 3475.

SECTION 10. Ordinance No. 3533 updates the Shared Leave policy and repeals Ordinance No. 3493.

SECTION 13:5. Ordinance No. 3533 updates the Weapons in the Workplace policy and repeals Ordinance No. 3479.

SECTION 13:8. Ordinance No. 3533 adopts Section 13.8 – Physical Activity Policy.

SECTION 15. Ordinance No. 3533 updates the Computer Equipment Policy and repeals Ordinance No. 3492.

Ordinances No. 3457, 3475, 3479, 3492, and 3493 are hereby repealed and replaced with Ordinance No. 3533 which adopts the updated Employee Handbook for the City of Fort Scott.

SECTION 2. This Ordinance shall be effective after its passage and publication in the official City newspaper.

THIS ORDINANCE IS PASSED AND APPROVED by the Governing Body of the City of Fort Scott, Kansas, this <u>1</u>st day of <u>May</u>, <u>2018</u>.

THE CITY OF FORT SCOTT, KANSAS

BY: __

JOLYNNE MITCHELL, MAYOR

ATTEST:

DIANE K. CLAY, CITY CLERK

EMPLOYEE HANDBOOK

Revised May 2018



As Adopted by Ordinance No. 3533

This manual is not meant to create, nor should it be construed as creating, a contract of employment with any employee, supervisor, manager, or a contract for any benefits, procedures, or policies described herein. This manual supersedes any prior handbooks or policy statement regarding the matters described. The City reserves the right to revise this manual at any time.

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Section 1

Handbook Introduction

1:1 Welcome to the City of Fort Scott

It's our pleasure to welcome you to the City. We're an energetic and creative bunch, dedicated to high standards of excellence and quality. We value each one of our employees, and we hope that you find your work here rewarding and satisfying.

This section introduces you to our history, purpose, and goals. Please read it carefully so that you can better understand who we are and what we do. We think we are a special place, made all the more so by the hard work and dedication of our employees.

1:2 Welcome from David Martin, City Manager

My aspirations for our team here at the City align with those of Ed O'Malley with Kansas Leadership Center. Those aspirations are a work life balance that benefits both the staff and the City. I believe that 40 hours of your best work is much better than 60 hours of working as a tired and stressed out you. With that in mind, here are my expectations from you as a City employee.

- 40 solid hours (or assigned shift for police & fire) of working hard but efficiently and having some fun in the process...enjoy the work and challenge.
- Value your family and friends. You will be a better employee because you value them.
- Get enough sleep and take time for exercise. Ensuring you take time for your health will make you a better person and a more productive employee.

• The City promotes your involvement in community activities, your church, and your hobbies. All of this makes you a more well-rounded individual which results in a better employee for the City.

My desire is that the City will be a place that will allow you to use your creativity to serve our citizens and fill you with a sense of satisfaction that you have given your best in a way that works best for you and your family. We care about you and the City will be a better place if you are happy and healthy.

1:3 Introduction to the City of Fort Scott

The town of Fort Scott was established in 1855 on the former frontier fort grounds of Fort Scott which was originally established in 1842. In 1978, the city signed over the property housing the remnants of Fort Scott for inclusion as part of the National Park System and is now known as the Fort Scott National Historic Site. Today, Fort Scott is a blend of pioneer and modern America. Our team of employees work tirelessly to move the city forward while still preserving our rich historical heritage.

1:4 Mission Statement

As elected and appointed representatives of the citizens of Fort Scott, we are charged with the responsibility of planning and guiding the City into the future. We are providers of public welfare, safety and protection. We are responsible for preserving the past, addressing the present, and planning for the future of our Community.

1:5 Vision Statement

It is our responsibility, as elected officials, officers and employees of the City, to maintain and enhance the health, safety and welfare of all Fort Scott citizens. We do this through the following actions:

- 1. PROVIDING services in the most efficient manner
- 2. PRESERVING and PROTECTING our current assets
- 3. PLANNING for the future

4. **PERFORMING** in a courteous, respectful and caring manner towards all citizens while delivering all services in the most professional and cost- effective manner possible.

1:6 Organization Structure

Each and every employee of the City has responsibilities which will affect the overall success of the City's goals.

City Commission: The City Commissioners are responsible for the establishment of policies under which the employees of the City operate.

City Manager: The City Manager or designee is responsible for, but not limited to:

- 1. Recommending personnel and pay policies to the City Commission
- 2. Hiring all city employees
- 3. Assuring equal employment opportunities
- 4. Maintaining records of all employees
- 5. Fostering and developing programs for the improvement of employee effectiveness
- 6. Maintaining an updated compensation system
- 7. Approving all major personnel actions
- 8. Assuring the operation of an equitable resolution process through our open door policy

Department Guidelines: The department directors may formulate in writing reasonable guidelines for the conduct of the operations of his or her department such as those relating to the safety of all departmental employees. Such department guidelines shall not be less stringent than, in violation of, or in conflict with any personnel guidelines adopted by the Governing Body and must be approved by the City Manager or Human Resource Director.

All Employees: All employees are responsible for serving the citizens of Fort Scott to the best of their ability. Employees are responsible for following written and oral instructions issued by an authorized supervisor and they are responsible for knowing and following all approved rules and regulations.

1:7 The Purpose of This Handbook

We think that employees are happier and more valuable if they know what they can expect from their employer and what the employer expects from them. In the preceding sections, we introduced you to the City's history, values, culture, and goals. We expect you to incorporate that information into your day-to-day job performance, striving to meet the City's values in everything you do.

The remainder of this Handbook will familiarize you with the privileges, benefits, and responsibilities of being an employee at the City. Please understand that this Handbook can only highlight and summarize the City's policies and practices. For detailed information, you will have to talk to your supervisor or the human resource staff.

In the City, as in the rest of the world, circumstances are constantly changing. As a result, we may revise, rescind, or supplement these policies from time to time. Nothing in this Handbook is a contract or a promise. The policies can change at any time, for any reason, without warning.

We are always looking for ways to improve communications with our employees. If you have suggestions for ways to improve this Handbook in particular or employee relations in general, please feel free to bring them to the attention of your supervisor or human resources.

1:8 Be Sure to Check Out Our Bulletin Board

You can find important information about the City and your employment posted on the bulletin board located at the various city facilities. This is also the place where we post important information regarding your legal rights, including information about equal employment opportunity laws and wage and hour laws. We expect all employees to read the information on the bulletin board periodically. If you would like to communicate information to your coworkers, consider using a City bulletin board. To post something, you must first give it to the department head for approval. Employee notices may remain on the bulletin board for 90 days. After that period, they will be removed.

We also communicate important information through Employee Self Service (ESS). This is the site you log in to enter your work time and request time off. Various documents, informational messages and links to our benefit providers are posted on this site.

1:9 Get to Know the Folks in Human Resources

We are fortunate enough to have a wonderful human resources department that is available to answer your questions, field your complaints, and help the City run more smoothly. In fact, the policies in this handbook often refer you to the human resources department for more information or to obtain help. The department is located in City Hall at 123 S Main Street; the phone number is 620-223-0550 x 211; and the email address is dneedleman@fscity.org.

Section 2

The Employment Relationship

2:1 Employment Is At Will

We are happy to welcome you to the City of Fort Scott. We sincerely hope that your employment here will be a positive and rewarding experience. However, we cannot make any guarantees about your continued employment at the City. Your employment here is at will. This means that you are free to quit at any time, for any reason, just as we are free to terminate your employment at any time, for any reason—with or without notice, with or without cause.

No employee or City representative, other than the City Manager, has the authority to change the at-will employment relationship or to contract with any employee for different terms of employment. Furthermore, the City Manager may change the at-will employment relationship only in a written contract, signed by the City Manager and the employee. Nothing in this Handbook constitutes a contract or promise of continued employment.

Section 3

Hiring

3:1 Commitment to Equal Opportunity

The City believes that all people are entitled to equal employment opportunity. We follow state, local, and federal laws prohibiting discrimination in hiring and employment. We do not discriminate against employees or applicants in violation of those laws.

3:2 Recruitment

We know that we are only as good as our employees, so we search as widely as possible for talented and motivated individuals to fill vacant positions at the City. Our recruitment methods include posting job boards, advertising, social media, job fairs and employee referral.

Although these methods have served us well in the past, we know that the marketplace is ever changing and that finding high-quality people is an evolving process. We encourage our employees to share with us their ideas about what more we can do to find and recruit talented and motivated individuals. We encourage employees to recruit and refer external applicants for open positions. We conduct all recruiting in a fair and nondiscriminatory manner.

In addition to looking outside the City for new hires, we also look within. After all, we already know the value and quality of our current employees. We communicate all internal job openings to management staff and to the employee council. You can also view all open positions on the City website under the employment section. If you hear of a posting for a job that interests you, we encourage you to apply for it by submitting your resume to the human resource department.

3:3 Employment of Relatives

Usually, the City will not refuse to hire someone simply because he or she is related to one of our current employees. If you have a relative who might be perfect to fill an open position in the City, please don't hesitate to refer this person to us.

There are times, however, when employing relatives is inappropriate and has the potential to affect the morale of other employees and to create conflicts of interest for the relatives involved.

Therefore, we will not hire relatives of current employees where one relative will have to supervise the other.

If two employees become related while working for the City, and if one of them is in a position of supervision over the other, only one of the employees will be allowed to keep his or her current position. The other will either have to transfer to another position or leave the City.

Under this policy, the term "relatives" encompasses spouses, live-in partners, domestic partners, parents, children, siblings, in-laws, cousins, aunts, and uncles. This policy covers biological relationships, marriage relationships, and step relationships.

3:4 Residency Requirements

All Director level and above employees are required to reside within Bourbon County. New employees at this level are expected to establish residency within Bourbon County, Kansas no later than six (6) months after the beginning date of employment in a director level and above position.

Employees whose duties include responding to urgent or emergency situations must be able to report to their normal worksite within a thirty (30) minutes response time commencing from the time of the request to return to work.

Section 4

New Employee Information

4:1 Post Offer Employment Testing (POET)

Offers of employment are contingent upon successful completion of a drug and alcohol screen and/or a physical fitness screening to ensure the individual can perform the essential functions of the job.

4:2 New Employee Orientation

Within a day or two of starting work, you will be scheduled for a new employee orientation meeting. During this meeting, you will receive important information about the City's policies and procedures. You will also be asked to complete paperwork and forms relating to your employment, such as tax withholding forms, emergency contact forms, and benefits paperwork.

Please feel free to ask any questions you might have about the City during the orientation meeting. If additional questions come up after the meeting, you can ask your supervisor or Human Resources.

4:3 Orientation Period

The first six months of your employment are an orientation period. During this time, your supervisor will work with you to help you learn how to do your job successfully and what the City expects of you. This period also provides both you and the City with an opportunity to decide whether you are suited for the position for which you were hired.

When your employment begins, you will meet with Human Resources, who will explain our benefits and payroll procedures and assist you in completing your employment paperwork. You will also meet with your supervisor to go over your job goals and performance requirements. During the orientation period, your supervisor will give you feedback on your performance and will be available to answer any questions you might have. Although we hope that you will be successful here, the City may terminate your employment at any time, either during the orientation period or afterwards, with or without cause and with or without notice. You are also free to quit at any time and for any reason, either during the orientation period or afterwards, with or without notice. Successful completion of your orientation period does not guarantee you a job for any period of time or in any way change the at-will employment relationship. (For an explanation of at-will employment, see Section 2 of this Handbook.) A written Performance Review will be conducted at the end of the orientation period.

4:4 Proof of Work Eligibility

Within three business days of your first day of work, you must complete federal Form I-9 and show us documentation proving your identity and your eligibility to work in the United States. The federal government requires us to do this.

If you have worked for the City previously, you need only provide this information if it has been more than three years since you last completed an I-9 Form for us or if your current I-9 Form is no longer valid.

Just prior to or during your initial orientation meeting with Human Resources, you should have received a blank I-9 Form and instructions on completing it and presenting the necessary documentation. If you did not, contact Human Resources immediately.

4:5 Child Support Reporting Requirements

Federal and state laws require us to report basic information about new employees, including your name, address, and Social Security number, to a state agency called the State Directory of New Hires. The state collects this information to enforce child support orders. If the state determines that you owe child support, it will send us an order requiring us to withhold money from your paycheck to pay your child support obligations.

Section 5

Employee Classifications

5:1 Seasonal and Temporary Employees

Periodically, it becomes necessary for us to hire individuals to perform a job or to work on a project that has a limited duration. Typically, this happens in the event of a special project, special time of year, abnormal workload, or emergency.

Individuals whom we hire for such work are temporary employees. They are not eligible to participate in any of the City benefit programs, nor can they earn or accrue any discretionary time off, such as vacation leave.

Of course, we will provide to temporary employees any and all benefits mandated by law.

Temporary employees cannot change from temporary status to any other employment status by such informal means as remaining in our employ for a long period of time or through oral promises made to them by coworkers, members of management, or supervisors. The only way a temporary employee's status can change is through a written notification signed by the Human Resource Director.

Like all employees who work for the City, temporary employees work on an at-will basis. This means that both they and the City are free to terminate their employment at any time for any reason that is not illegal—even if they have not completed the temporary project for which they have been hired.

5:2 Part-Time and Full-Time Employees

Depending on the number of hours per week you are regularly scheduled to work, you are either a part-time or a full-time employee. It is necessary that you understand which of these classifications you fit into, because it will be important in determining whether you are entitled to benefits and leave. (See Section 8 of this Handbook for information about who is entitled to benefits and leave.)

<u>Part-time employees:</u> Employees who are regularly scheduled to work less than 1000 hours per year.

<u>Regular Part-time employees</u>: Employees who are regularly scheduled to work more than 1000 hours per year but fewer than 2080 hours per year are regular part-time employees.

<u>Full-time employees</u>: Employees who are regularly scheduled to work at least 40 hours per week are full-time employees.

5:3 Exempt and Nonexempt Employees

Your entitlement to earn overtime pay depends on whether you are classified as an exempt or a nonexempt employee.

Exempt employees are those who do not earn overtime because they are exempt from the overtime provisions of the federal Fair Labor Standards Act and applicable state laws.

Nonexempt employees are those who meet the criteria for coverage by the overtime provisions of the federal Fair Labor Standards Act and applicable state laws.

If you are uncertain about which category you fall into, speak to Human Resources.

Section 6

Hours

6:1 Hours of Work

The City's regular hours of business at City Hall are from 8:00 AM to 5:00 PM, Monday through Friday.

Various departments in the City operate in a variety of shifts. Your supervisor will let you know your shift assignment.

Although the various departments will consider all requests to change shifts, we cannot guarantee that any particular request will be granted.

You may exchange shifts with another employee (that is, switch shifts on a onetime basis) only with the prior approval of your supervisor.

6:2 Flexible Scheduling

We understand that many employees have to balance the demands of their job with the needs of their families and other outside commitments. Therefore, we offer our employees the opportunity to request a flexible schedule.

If you would like to change your work schedule—for example, to come in and leave a couple of hours earlier or to work more hours on some days and fewer on others—please talk to your supervisor.

The City will consider flexible scheduling requests on a case-by-case basis. When deciding whether to grant your request, we may consider the nature of your job, your work history, and our staffing needs, among other things.

6:3 Meal and Rest Breaks

Employees are allowed a 15-minute break every 4 hours. These breaks will be paid. In addition, all employees who work at least 8 hours in a day are entitled to take a 30 or 60 -minute meal break. Meal breaks are generally unpaid. However, employees who are required to work or remain at their stations during the meal break will be paid for that time. The supervisor of each shift is responsible for scheduling meal and rest breaks for their department. Breaks are an opportunity to rest and eat during the workday. For this reason, employees must take their breaks, as scheduled, unless they make other arrangements with their supervisor. For example, employees may not decide to skip breaks in order to leave early or come in late.

6:4 Lactation Breaks

The City recognizes the value and importance of breast-feeding, and complies with the Federal Patients Protection and Affordable Care Act (PPACA) of March 23, 2010, amended the Federal Labor Standards Act (FLSA) to add a provision applicable only to nursing mothers (the Nursing Mothers Rule). This rule provides as follows:

- The City will provide reasonable break time for an employee to express breast milk for her nursing child for up to one (1) year after the child's birth each time such employee needs to express the milk.
- The City will provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.
- The break time will not be compensated and does not qualify as FMLA leave.

Please speak to your supervisor or Human Resources to determine the appropriate space for this at each city facility.

6:5 Overtime

On occasion, we may ask employees to work beyond their regular scheduled hours. We expect employees to work a reasonable amount of overtime: This is a job requirement.

We will try to give employees advance notice when overtime work is necessary; however, it will not always be possible to notify workers in advance.

Exempt employees will not be paid overtime for working beyond their regular scheduled hours. Nonexempt employees are entitled to payment for overtime, according to the rules set forth below.

- All overtime work must be approved in advance by the employee's supervisor. Working overtime without permission violates City policy and may result in disciplinary action.
- These rules apply to any type of work done after hours, including work done from home, work done using a City-issued portable computing device (such as a laptop, iPad or smartphone), and work done using your own personal computer or portable device.
- For purposes of calculating how many hours an employee has worked in a day or week, our work week begins at 12:01 a.m. on Sunday and ends at midnight on Saturday. Our workday begins at 12:01 a.m. and ends at midnight each day.
- Only time actually spent working counts as hours worked. Vacation time, sick days, holidays, or any other paid time during which an employee did not actually work will not count as hours worked.
- Nonexempt employees will be paid 1½ times their regular hourly rate of pay for every hour worked in excess of 40.

Exception: Police Officers and Firefighters

Police Officers shall be eligible for overtime compensation only for work hours that exceed eighty-six (86) hours per fourteen (14) day work period. Firefighters shall be eligible for overtime compensation only for work hours that exceed one hundred six (106) hours per fourteen (14) day work period.

6:6 Call Out – Emergency

Call out compensation is paid when a full-time employee is called out on an emergency basis for off shift duty work during the work week or on non-scheduled work days. To be eligible for call out compensation, the employee must receive a directive from their department director or supervisor or the officer in charge. Notes justifying the reason for calling the employee out for duty shall be entered into the work time entry system. Call-out compensation shall be for the number of call-out hours worked but not less than two (2) hours of pay at the

overtime rate. If the call out work extends to the employee's regular shift start time, call out compensation will not be paid beyond the start of the regular shift. If the original call-out work is less than two (2) hours and the employee gets additional call-outs within the two hours, all call out work time is combined and applied toward the two (2) hour minimum.

Section 7

Pay Policies

7:1 Payday

Employees are paid bi-weekly. Your pay will be direct deposited on Friday to the account(s) you specify. If payday falls on a bank holiday, you will receive your pay on the last workday immediately before payday.

Employees must enter their work hours and time off requests into Employee Self Service (ESS) by the Monday before payday.

7:2 Docking of Pay of Exempt Employees

The City is legally required to pay exempt employees—those who are not entitled to earn overtime—on a salary basis. This means, among other things, that exempt employees must receive the same pay for each week in which they perform work, regardless of the quantity or quality of work performed, and regardless of how many hours they actually work, unless an exception applies. (For information on which employees are exempt, see Section 5 of this Handbook.)

City policy prohibits docking the pay of an exempt employee—that is, paying the employee less than his or her full regular salary—except in the following circumstances:

- The employee takes at least one full day off for sickness or disability, in accordance with the City's sick leave policy.
- The employee takes at least one full day off for personal reasons other than sickness or disability (for example, for vacation).
- The employee serves an unpaid disciplinary suspension of at least one full day, imposed in good faith for violating a workplace conduct rule.
- The employee starts or ends employment with the City midweek (that is, the employee does not start work first thing Monday morning, or finish employment at the end of the workday on Friday).
- The employee violates a safety rule of major significance, and the amount docked is imposed as a penalty for that violation.

The employee takes unpaid leave pursuant to the Family and Medical Leave Act.

If you are an exempt employee and you believe that pay has been improperly deducted from your salary in violation of these rules, please report it immediately using the City's complaint policy. (See Section 20 of this Handbook.) Your complaint will be investigated and, if we find that your pay was improperly docked, you will be reimbursed for any amounts that should not have been withheld.

7:3 Payroll Deductions

Your paycheck reflects your total earnings for the pay period, as well as any mandatory or voluntary deductions from your paycheck. Mandatory deductions are deductions that we are legally required to take. Such deductions include federal income tax, Social Security tax (FICA), and any applicable state taxes. Voluntary deductions are deductions that you have authorized. Such deductions might include insurance premiums, contributions to pensions or other retirement accounts, flexible spending accounts, health savings accounts or charitable contributions.

If you have any questions about your deductions, or wish to change your federal withholding form (Form W-4), contact Human Resources.

7:4 Wage Garnishments

A wage garnishment is an order from a court or a government agency directing us to withhold a certain amount of money from an employee's paycheck and send it to a person or agency. Wages can be garnished to pay child support, spousal support or alimony, tax debts, outstanding student loans, or money owed as a result of a judgment in a civil lawsuit.

If we are instructed by a court or agency to garnish an employee's wages, the employee will be notified of the garnishment at once. Please note that we are legally required to comply with these orders. If you dispute or have concerns about the amount of a garnishment, you must contact the court or agency that issued the order.

7:5 Expense Reimbursement

From time to time, employees may incur expenses on behalf of the City. City purchasing cards are issued to certain employees. If you do not have a City purchasing card, we will reimburse you for the actual work-related expenses you incur, as long as those expenses are reasonable. You must follow these procedures to get reimbursed:

- Get permission from your supervisor before incurring an expense.
- Spend the City's money wisely.—Make an effort to save money and use approved vendors if possible.
- Keep a receipt or some other proof of payment for every expense.
- Submit your receipts to your supervisor for approval within 14 days of incurring an expense.
- Your supervisor is responsible for submitting your expenses to Accounts Payable. If your expense is approved, you will receive your reimbursement by direct deposit to a bank account specified by you.

Remember that you are spending the City's money when you pay for businessrelated expenses. We expect you to save money wherever possible. Your supervisor can assist you in deciding whether an expense is appropriate. The City maintains a list of preferred vendors for various work-related items and services. You must use these vendors, if possible.

Procedures for Travel Expenses

If employees are required to travel for work, the City will reimburse you for your travel expenses, including:

- the cost of travel to and from the airport or train station, including parking expenses and tolls
- the cost of airline or train tickets—such tickets must be coach class, if possible
- the cost of an economy class rental car, if necessary
- a mileage reimbursement, for those employees who prefer to use their own cars for City travel

- the cost of lodging (employees should select moderately priced lodging, if possible), and
- the cost of meals and other incidental expenses

You must request advance approval of all travel expenses from your supervisor and follow the procedures above to have your expenses reimbursed or you may be authorized to use a City purchasing card.

Mileage Reimbursement

Employees who use their own vehicle for City business travel will be reimbursed a per mile rate based on IRS standards. Employees are not entitled to separate reimbursement for gas, maintenance, insurance, or other vehicle-related expenses; the reimbursement rate above is intended to encompass all of these expenses.

Before using a personal vehicle for work-related purposes, employees must demonstrate that they have a valid driver's license and adequate insurance coverage.

The City does not reimburse employees for their commute to and from the workplace.

To claim mileage reimbursement, you must follow these procedures:

- Keep a written record of your business-related travel, including the total mileage of each business trip, the date of travel, the location to which you traveled, and the purpose of your trip.
- If you anticipate having to travel an unusually long distance, get your supervisor's approval before making the trip.
- Submit your record to your supervisor for approval on or before the last day of the month.
- You or your supervisor is responsible for submitting your record to accounts payable. If your record is approved, you will receive your reimbursement payment via direct deposit to a bank account specified by you.

Section 8

Employee Benefits

8:1 Employee Benefit Plans

As part of our commitment to our employees and their well-being, the City provides employees with a variety of benefit plans, such as: Life insurance, health insurance, dental insurance, vision insurance, flexible spending account, AFLAC products, KPERS, KPF, and a 457 deferred compensation plan. Although we introduce you to those plans in this section, we cannot provide the details of each plan here. You should receive official plan documents for each of the benefit plans that we offer. Those documents (along with any updates that we give you) should be your primary resource for information about your benefit plans. If you see any conflict between those documents and the information in this Handbook, you should rely on the official plan documents.

The benefits we provide are meant to help employees maintain a high quality of life—both professionally and personally. We sincerely hope that each employee will take full advantage of these benefits. If you have any questions about the benefits we offer, please talk to human resources.

8:2 Health Care Benefits

The City is a member of the Greenbush Health Trust and life, health, dental, and vision benefits are administered through the Trust. Full-time employees are eligible for benefits the first of the month following 30 days of employment. These benefits are part of a Section 125 plan so premium deductions can be deducted on a pre-tax basis.

8:3 Retirement – KPERS and KP&F

All eligible full-time and regular part-time employees of the City are members of the Kansas Public Employees Retirement System and receive the benefits in accordance with state laws and guidelines. KPERS members contribute a percent of salary by payroll deduction as set by the state. The employer's share is determined by KPERS and varies annually. **Firefighter and Police Officers** are required, as a condition of employment, to become members of the Kansas Police and Fireman's Retirement System. This system provides retirement and disability benefits as prescribed by Kansas statute.

8:4 Disability Insurance

Sometimes, an employee suffers an injury or an illness outside of the workplace that prevents the employee from working. For eligible employees, there is an option to purchase Short Term Disability benefits through AFLAC. Full-time and regular part-time employees are eligible for long term disability coverage through KPERS or KP&F to protect them in these circumstances. This means they will receive a certain percentage of their salary while they are unable to work. To learn about the details of this coverage, including which employees are eligible, refer to the plan documents or contact the human resource department.

8:5 Workers' Compensation Insurance

If you suffer from an illness or injury that is related to your work, you may be eligible for workers' compensation benefits. Workers' compensation will pay for medical care and lost wages resulting from job-related illnesses or injuries. If an employee is injured on the job:

- Assess the situation and injury
- Send someone for help and/or call 911 if needed
- Render first aid if necessary provided the individual rendering the aid is
 properly trained
- Determine if professional medical attention is necessary. If yes, transport to Mercy Hospital or Mercy Convenient Care depending on level of care needed.
- Notification must be provided to the Human Resource Department as soon as possible but no later than the business morning following the injury so the first report of injury can be filed promptly with the Workers' Compensation Insurance Carrier.

If it is proved that the injury resulted from the employee's deliberate intention to cause such injury or from willful failure to use a guard or protection against such

injury pursuant to any statute, rule or City regulation and provided for the employee, or a reasonable and proper guard or protection voluntarily furnished the employee from the City, or from the employee's intoxication or use of illegal drugs, any compensation in respect to that injury may be disallowed. **NOTE**: For a complete list of those causes not covered by workers' compensation, check Kansas Workers' Compensation Statutes.

Employees may be required to consent to a substance abuse screening for certain types of injuries that happen while on the job. Examples: Vehicle accident, accident involving equipment use, trips and falls. Examples that would not require this screening would be such things as insect bites, bee stings, repetitive strain injuries. The City will incur the expense of the required test. The City of Fort Scott is committed to an early return to work focus and philosophy. Whenever possible, the City will accommodate alternative or modified work-duty tasks that matches the workers impaired physical capability from an injury. The City will work closely with the medical personnel and workers' compensation insurance personnel to customize a plan to each particular circumstance. Early return to work can control accident costs, improve employee morale and productivity, and enhance the bottom line.

8:7 Unemployment Insurance

If your employment with the City ends, you may be eligible for unemployment benefits. These benefits provide you with a percentage of your wages while you are unemployed and looking for work. To find out more, contact the Kansas Department of Labor.

8:8 Life Insurance

As a full-time employee of the City, you are eligible to participate in our life insurance plan. Contact Human Resources to learn more about the plan.

8:9 Education Reimbursement

The City cares about the intellectual and professional growth of our employees. For this reason, we provide an education reimbursement program for full-time staff. For purposes of payment for attending courses, there will be two categories of attendance:

- Required The City requires the employee to attend a course, seminar or workshop.
- Voluntary The employee freely elects to attend a course at a vocational school or an institute of higher learning.

This policy reimburses your expenses at the following rate:

- Required All registration costs, books and other required materials will be reimbursed.
- Voluntary Fifty (50) percent of tuition and books not paid by a grant, scholarship or other gift of money many be reimbursed with the following provisions:
 - When taken for credit, the employee must complete the course with a minimum "C" grade for undergraduate courses and a minimum "B" grade for graduate courses. When taken as a pass/fail, the employee must show proof of passing. When taken for no credit, employee must show proof of completion.
 - 2. Single courses not part of a degree program, must be shown to be job related.
 - 3. Courses taken for a degree must be for a major in a field directly related to the employee's City position or work.

Although we encourage employees to use this benefit, work must remain our employees' first priority. Employees must not allow their education efforts to interfere with their work. We reserve the right to end this benefit for employees who cannot keep up their job responsibilities while continuing their education.

Section 9

Use of City Property

9:1 City Property

We have invested a great deal of money in the property and equipment that you use to perform your job. It is a senseless and avoidable drain on the City's bottom line when people abuse city property, misuse it, or wear it out prematurely by using it for personal business.

We ask all employees to take care of City property and to report any problems to their supervisor. If a piece of equipment or property is unsafe for use, please report it immediately.

Please use property only in the manner intended and as instructed.

We do not allow personal use of City property unless specifically authorized in this Handbook.

Failure to use City property appropriately, and failure to report problems or unsafe conditions, may result in disciplinary action, up to and including termination.

For information on use of computers, the Internet, and software, see Section 15 of this Handbook.

9:2 City Vehicles

We have invested in City vehicles so that our employees can use them on City business in place of their own vehicles. This saves wear and tear on personal vehicles and eliminates the need for keeping track of mileage.

We need your help in keeping City vehicles in good condition. Please keep them clean, and please remove any trash or personal items when you are finished using the vehicles.

Please immediately report any accidents, mechanical problems, or other problems to your supervisor. We will try to have City vehicles repaired or serviced as soon as possible.

Only authorized employees may use City vehicles, and they may do so only on City business.

You may not use City vehicles while under the influence of drugs or alcohol or while otherwise impaired.

You may not talk or text on a cell phone while driving a City vehicle.

You must have a valid driver's license to use City vehicles, and we expect that you will drive in a safe and courteous manner. If you receive any tickets for parking violations or moving violations, you are responsible for taking care of them.

Violating this policy in any way may result in disciplinary action, up to and including termination.

If you have been assigned a City vehicle, it is your responsibility to keep the vehicle in good condition and repair. At a minimum, this means keeping the vehicle clean, bringing it in for scheduled maintenance by an authorized service department, and checking and changing the oil on schedule. Periodically, we may inform you of other ways in which you must care for the vehicle. We will, of course, reimburse you for any ordinary expenses associated with maintaining the vehicle.

9:3 Telephone System

The City's telephone system is for business use only. Employees are expected to keep personal calls to a minimum. If you must make or receive a personal call, please keep your conversation brief. Extensive personal use of City phones is grounds for discipline.

See Section 14 of this Handbook for information on privacy and telephones.

9:4 Return of City Property

When your employment with this City ends, we expect you to return City property, clean and in good repair. This includes all manuals and guides, documents, phones, computers, equipment, keys, and tools.

We reserve the right to take any lawful action to recover or protect our property.

If you do not return a piece of property, we will withhold from your final paycheck the cost of replacing that piece of property. If you return a piece of property in disrepair, we will withhold from your final paycheck the cost of repair. We also reserve the right to take any other lawful action necessary to recover or protect our property. .

Section 10

Leave and Time Off

10:1 Vacation

The city recognizes that our employees need to take time off occasionally to rest and relax, enjoy a vacation, or attend to personal matters. That's why we offer a paid vacation program.

Employees who are full-time or regular part-time are eligible to participate in the paid vacation program.

Eligible employees accrue vacation time according to the following schedule:

Regular Shift Employees

Length of <u>Service</u>	Bi-Weekly <u>Accrual</u>	Yearly <u>Accrual</u>	Maximum <u>Accrual</u>
0-8 years hours	3.08 hours	80.08 hours	200.20
9-18 years hours	4.62 hours	120.12 hours	300.30
19+ years hours	6.16 hours	160.16 hours	400.40

Fire Department Employees

Length of <u>Service</u>	Bi-Weekly <u>Accrual</u>	Yearly <u>Accrual</u>	Maximum <u>Accrual</u>
0-8 years hours	5.54 hours	144.04 hours	360.10
9-18 years hours	8.31 hours	216.06 hours	540.15
19+ years hours	11.08 hours	288.08 hours	720.20

Changes in vacation leave accrual will be effective on the individual's employment anniversary date.

Note: Regular Part-time employees accrue at ½ of the rate of Full-time employees.

New employees will begin to accrue vacation hours from first day of employment and allowed to use vacation time upon completion of six (6) months of employment.

Employees must schedule their vacations 14 days in advance, with their supervisor. We will try to grant every employee's vacation request for the days off of their choice. Because we must have enough workers to meet our day-to-day needs, however, we might not be able to grant every vacation request, especially during holiday periods.

Employees may not accrue more than the maximum accrual of vacation time. Once an employee's vacation balance reaches this limit, an employee may accrue more vacation only by taking some vacation time to bring the employee's balance back below the limit.

Employees will be paid for any accrued and unused vacation when their employment ends.

10:2 Holidays

All Full-time employees will be granted eight (8) hours of holiday pay for the following holidays. Regular part-time employees will be granted four (4) hours of holiday pay for the following holidays.

The City observes the following holidays each year:

New Year's Day – January 1 Martin Luther King Day – third Monday in January President's Day – third Monday in February Memorial Day – last Monday in May Independence Day – July 4 Labor Day – first Monday in September Veteran's Day – November 11 Thanksgiving Day – fourth Thursday in November Day after Thanksgiving Christmas Eve Day – December 24 Christmas Day – December 25

If a holiday falls on a weekend, the City will inform you when the holiday will be observed. Ordinarily, holidays falling on a Saturday will be observed the preceding Friday; holidays falling on a Sunday will be observed the following Monday.

To be eligible to receive holiday pay, an employee must not have been absent without scheduled leave either on the workday before the holiday, the day of the holiday or the workday after the holiday. Exception: This does not apply to an employee who is not scheduled for shift duty the day before or after the holiday.

10:3 Sick Leave

The City provides paid sick days to full-time and regular part-time employees. (For information on employee classifications, see Section 5 of this Handbook.) Eligible full-time employees accrue 80.08 sick days per year at the rate of 3.08 hours per pay period. Eligible regular part-time employees accrue at ½ the rate of a full-time employee. The maximum accrual is 960.96 hours plus one (1) year accrual for a total of 1041.04 hours.

Fire Department employees shall accrue 144.04 hours per year at the rate of 5.54 hours per pay period to a maximum of 1728.48 hours plus one (1) year accrual for a total of 1872.52 hours.

At the end of a calendar year, 50% of any accumulated sick leave hours in excess of the maximum accrual (960.96 or 1728.48) will be paid to the employee and the total will revert back to the maximum accrual.

All full-time employees with twelve (12) years of continuous service, upon retirement or resignation in good standing will be paid for half of their accumulated sick hours.

Employees should use sick leave when they are unable to work due to illness or injury. Please do not report to work if you are feeling too ill to do your job, you have a fever, or you have a contagious illness, such as influenza. By staying home and using paid sick leave, you are supporting your own health and preventing transmission of communicable illness to coworkers and customers. If your supervisor determines that you are not feeling well enough to work, you will be sent home.

You must report to your supervisor if you will need to take sick leave. We ask that employees call in as soon as they realize that they will be unable to work, before the regular start of their workday. You must keep the Human Resource Department informed of your physical condition if the absence extends beyond the third day. From the fourth day through the balance of the illness, the City will pay the sick leave benefit only after presentation of a written statement from a licensed physician certifying the employee's condition prevented him/her from performing the duties of his/her position.

Sick leave with pay may also be granted for the following reasons: To Keep a doctor or dentist appointment that cannot be made outside normal duty hours.

To attend to a family member whose illness requires the employee's care or presence. Examples: Spouses, dependent children, parents, or grandparents. Extended time needed beyond the normal bereavement leave due to death of an immediate family member.

Any employee who improperly claims sick leave shall be subject to disciplinary action up to and including loss of pay or termination.

10:4 Shared Leave Policy

The City of Fort Scott recognizes that employees may have a family emergency or a personal crisis that causes a severe impact to them resulting in a need for additional time off in excess of their available sick/personal time. To address this need, all eligible employees will be allowed to donate sick/personal time from their unused balance to their co-workers in need in accordance with the policy outlined below. This policy is strictly voluntary.

Employees who donate sick/personal time must be employed with The City of Fort for a minimum of 1 year.

Employees who would like to make a request to receive donated sick/personal time from their co-workers must have a situation that meets the following criteria:

Family Health Related Emergency- Critical or catastrophic illness or injury of the employee or an immediate family member that poses a threat to life and/or requires inpatient or hospice health care. Immediate family member is defined as spouse, domestic partner, child, parent or other relationship in which the employee is the legal guardian or sole caretaker.

Other Personal Crisis- A personal crisis of a severe nature that directly impacts the employee. This may include a natural disaster impacting the employee's primary residence such as a fire or severe storm.

Employees who donate sick/personal time from their unused balance must adhere to the following requirements:

Donation minimum- 4 hours

Donation maximum- 40 hours or no more than 50 % of your current balance

Note: Employees who donate time must have sufficient time in their balance and will not be permitted to exhaust their balances due to the fact that they may experience their own personal need for time off. Employees cannot borrow against future sick/personal time to donate.

Employees who receive donated sick/personal time may receive no more than 480 hours (12 weeks) within a rolling 12 month period.

Employees who are currently on an approved leave of absence cannot donate sick/personal time.

Employees who would like to make a request to receive donated sick/personal time are required to complete a Donation of Sick/Personal Time Request Form which includes authorization to present their request to the employees of The City of Fort Scott for the sole purpose of soliciting donations.

Employees who wish to donate sick/personal time to a co-worker in need must complete a Donation of Sick/Personal Time Form.

All forms should be returned to the Human Resources Department.

Requests for donations of sick/personal time must be approved by Human Resources, the employee's immediate Supervisor and a designated Senior Leader of The City of Fort Scott (i.e. City Manager or Finance Director).

If the recipient employee has available sick/personal time in their balance, this time will be used prior to any donated sick/personal time. Donated sick/personal time may only be used for time off related to the approved request. Sick/personal time donated that is in excess of the time off needed will be returned to the donor.

10:5 Family and Medical Leave

Employees who have worked for the City for at least 12 months and have worked at least 1,250 hours during the 12 months preceding the leave are eligible to take family and medical leave.

Reasons for Leave

12-Week Entitlement

Eligible employees may take up to 12 weeks of unpaid leave in a 12-month period for these purposes:

- for the employee's own serious health condition
- to care for a spouse, child, or parent who has a serious health condition

- to bond with a newborn, newly adopted child, or recently placed foster child, or
- to handle a qualifying exigency relating to a spouse's, child's, or parent's deployment to a foreign country on active duty or call to active duty in the National Guard, Armed Forces, or Reserves.

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either inpatient care or continuing treatment by a health care practitioner for a condition that prevents the employee or family member from performing the functions of the job, participating in school, or performing other daily activities. Incapacity relating to pregnancy, prenatal care, or childbirth is a serious health condition. If you have questions about what qualifies as a serious health condition, contact the human resource department. Qualifying exigencies include issues arising out of a family member's short-notice deployment; attending military events and activities; arranging for alternative child care; making financial and legal arrangements; attending counseling sessions; attending post-deployment activities; and visiting the family member while on short-term, temporary rest leave. Other activities and events may also qualify; if you have questions about qualifying exigencies, contact the human resource department.

26-Week Entitlement

Employees may be eligible for additional leave if their child, parent, spouse, or next of kin (1) is a current member of the Armed Forces, including the National Guard or Reserves, (2) suffers or aggravates a serious illness or injury in the line of duty on active duty, and (3) is undergoing treatment, recuperation or therapy; is in outpatient status; or is on the temporary disability retired list. This leave is also available for family members of veterans suffering from a serious, service-related illness or injury, if the veteran was a member of the Armed Forces, National Guard, or Reserves within five years of needing care. Employees in this situation may take up to 26 weeks of leave in a single 12month period to care for the family member. This leave is not in addition to the 12 weeks of leave available for reasons addressed above. Employees eligible for this type of leave are entitled to 26 total weeks of leave in a 12-month period, for all reasons.

Leave Available

Eligible employees may take up to 12 weeks of unpaid leave in a 12-month period for any of the purposes listed under "12-Week Entitlement," above. This 12-month period begins with the first day of leave for the qualifying event. A parent who takes leave to care for a newborn, newly adopted child, or recently placed foster child must complete this leave within a year after the birth, adoption, or placement.

Eligible employees may take up to 26 weeks of unpaid leave to care for a family member who suffers a serious injury or illness, as described under "26-Week Entitlement," above. This 12-month period begins on the first day of leave.

If you and your spouse both work for the City, the two of you will be entitled to a combined total of 12 weeks of leave to care for a newborn, newly adopted child, or recently placed foster child, and to care for a parent with a serious health condition. If you both qualify for the leave described under "26-week Entitlement," above, you will be entitled to a combined total of 26 weeks of leave for this purpose, to care for a newborn, newly adopted child, or recently placed foster child, and to care for a parent with a serious health condition.

Notice Requirements

Employees are required to give notice at least 30 days in advance if their need for leave is foreseeable. If you fail to do so, we may delay your leave. If you can't give 30-days' notice, you must give notice as soon as is practicable under the circumstances and must generally comply with our usual procedures. We may ask you to explain why you were unable to give 30-days' notice. When you give notice, you must provide enough information for us to determine whether the leave qualifies as FMLA leave. If you have already taken FMLA leave for the same reason, you must refer either to the reason or to the need for FMLA leave when you give notice.

Health Insurance During Leave

Your health insurance benefits will continue during leave. You will be responsible for paying any portion of the premium that you ordinarily pay while you are working, and you must make arrangements to make these payments while you are out. Employees who choose not to return from family and medical leave may be required to reimburse the City for any premiums paid on the employee's behalf during the leave.

Reinstatement

When you return from leave, you have the right to return to your former position or an equivalent position.

However, you have no greater right to reinstatement than you would have if you had not been on leave. If your position is eliminated for reasons unrelated to your leave, for example, you have no right to reinstatement.

The City may not be obligated to reinstate you if you are a key employee—that is, you are among the highest paid 10% of our workforce and holding your job open would cause the City substantial economic harm. If the City classifies you as a key employee, you will be notified soon after you request leave.

Use of Paid Leave

An employee who has accrued paid time off must use these benefits to receive pay for all or a portion of family and medical leave, as long as the reason for leave is covered by the applicable type of time off. To use paid leave, you must comply with the usual requirements for using that type of leave (for example, notice or scheduling requirements). If you do not, you may not be allowed to use paid leave, but will still be entitled to take unpaid FMLA leave if you are eligible. If an employee takes paid sick or vacation leave, workers' compensation leave, disability leave, or other leave for a reason that qualifies for family and medical leave, the City may designate that time off as family and medical leave and count it against the employee's entitlement.

If you are receiving workers' compensation or disability benefits while on FMLA leave, you may not use accrued paid leave for all of the hours you miss; this would result in you receiving more than your usual pay. However, you may use accrued paid leave—as long as you are otherwise eligible—to supplement your benefits, so you receive your usual pay while on leave. For example, if you are receiving 60% of your usual compensation through disability insurance, you may use paid leave to be paid for the other 40%.

Certification

The City may ask employees to provide a certification regarding the need for leave. If you take leave for your own or a family member's serious health condition, or to care for a family member who suffers or aggravates a serious injury or illness in military service, a health care practitioner must complete part of this form. For qualifying exigency leave, you must complete the form. We will provide you with the certification form you must submit.

The City has the right to seek a second opinion (and perhaps, a third opinion), and periodic recertifications. We may also ask you to provide other types of documentation, such as a copy of active duty orders or proof of a family relationship to the person whom you will be caring for.

The City may also require a fitness-for-duty assessment before you return to work after taking leave for your own serious health condition.

Intermittent Leave

Employees may take leave all at one time or intermittently—that is, a few hours or days at a time—for all types of leave listed above except leave to care for a new child. In the case of leave for your own serious health condition, to care for a family member with a serious health condition, or to care for a family member who suffers or aggravates a serious injury or illness in military service, intermittent leave is available only if it is medically necessary.

If you need intermittent leave for scheduled medical treatment, you must make a reasonable effort to schedule your leave so it doesn't unduly disrupt the City's operations. We may temporarily assign you to a different position with equivalent pay and benefits to accommodate the intermittent schedule.

The City will consider requests for intermittent leave to care for a new child on a case-by-case basis.

10:6 Bereavement Leave

If you suffer the death of an immediate family member, you are entitled to take up to three (3) days off work for regular employees or twenty-four (24) hours for shift employees. This leave will be paid. If you need additional time off, you may use any accrued vacation or sick leave.

Immediate family members include:

- children and step-childern
- spouse
- brother and step-brother, sister and step-sister
- parent and step-parent
- in-laws parent, son, daughter, sister, brother
- grandparents, step-grandparents and grandparents-in-law
- grandchild or step-grandchild

The City Manager may authorize paid leave to attend the funeral of a co-worker or serve as a pallbearer.

The City will consider, on a case-by-case basis, requests for bereavement leave for the death of someone who does not qualify as an immediate family member under this policy.

10:7 Military Leave

The City supports those who serve in the armed forces to protect our country. In keeping with this commitment, and in accordance with state and federal law, employees who must be absent from work for military service are entitled to take a military leave of absence. This leave will be unpaid.

When an employee's military leave ends, that employee will be reinstated to the position he or she would have held if continuously employed, as long as the employee meets the requirements of federal and state law.

Employees who are called to military service must tell their supervisors as soon as possible that they will need to take military leave. An employee whose military service has ended must return to work or inform the City that he or she wants to be reinstated in accordance with these guidelines:

- For a leave of 30 or fewer days, the employee must report back to work on the first regularly scheduled workday after completing military service, allowing for travel time.
- For a leave of 31 to 180 days, the employee must request reinstatement within 14 days after military service ends.
- For a leave of 181 days or more, the employee must request reinstatement within 90 days after military service ends.

The City will continue your health insurance benefits during your leave, under these circumstances:

- If you are absent for 30 or fewer days, you will be treated as any employee not on leave. The City will continue to pay its share of the insurance premium, and you must continue to pay your usual share (if any).
- If your leave lasts longer than 30 days, you will have to pay the entire premium to continue your benefits.

10:8 Voting

The City encourages employees to exercise their right to vote. If your work schedule and the location of your polling place will make it difficult for you to get to the polls before they close, you are entitled to take up to 1 hour(s) off work, at the beginning or end of your shift, to cast your ballot. This time will be paid. Employees who will need to take time off work to vote must inform their supervisors at least 3 day(s) in advance. Employees are expected to work with their supervisors to ensure that their absence doesn't negatively impact City operations.

10:9 Jury Duty (Civil Leave)

If you are called for jury duty, you are entitled to take time off, as necessary, to fulfill your jury obligations. No employee will face discipline or retaliation for jury service.

You must immediately inform your supervisor when you receive your jury duty summons. If you are chosen to sit on a jury, you must inform your supervisor how long the trial is expected to last. You must also check in with your supervisor periodically during your jury service, so the City knows when to expect you back at work.

You will be paid for up to twelve (12) days of jury service; if your service extends beyond this period, the remainder of your leave will be unpaid.

On any day when your jury service ends before the end of your usual workday, you must check in with your supervisor to find out whether you need to return to work for that day.

No loss of pay will be incurred if as a result of your City duties you are called to appear in court as a witness in answer to a subpoena, in an official capacity in connection with the City as an expert witness because of professional or observed knowledge, or for performing emergency civilian duty in connection with national defense. -.

Section 11

Performance

11:1 Your Job Performance

Each and every employee contributes to the success or failure of the City. If one employee allows his or her performance to slip, then all of us suffer. We expect everyone to perform to the highest level possible.

Poor job performance can lead to discipline, up to and including termination. We serve the citizens of our community and our connection to them is of the utmost importance to our success. Therefore, every employee of the City must make service to our citizens a top priority. Excellent performance includes treating all citizens with respect and providing a high level of service in meeting the needs of the community.

11:2 Performance Reviews

Because our employees' performance is vital to our success, we conduct periodic reviews of individual employee performance. We hope that, through these reviews, our employees will learn what we expect of them, and we will learn what they expect of us.

New employees will receive a review following six months of employment. Thereafter, performance reviews are conducted annually mid-November to mid-December. While the formal part of the review is conducted on this time schedule, continual feedback through out the year is expected. The software utilized for this process facilitates the use of following progress on goals and tracking performance.

We require all employees to participate in the review process. Failure to participate could lead to discipline, up to and including termination.

To learn more about our performance review system, contact your supervisor or the human resources department.

11:3 Fit for Duty Assessment

The City has the right to request a Fit for Duty assessment in certain situations to ensure the employee can perform all the essential functions of the job. A Fit for Duty assessment can be requested in the following situations:

- An employee is unable to work for an extended period of time due to a non-work related injury and the doctor has released the employee to return to work. This is necessary to determine the employee's ability to return safely to all essential functions following the injury or illness.
- 2. The supervisor observes an employee struggling or unable to perform one or more essential functions of the job.
- 3. The employee states they are no longer able to perform one or more essential functions of the job.

All requests for Fit for Duty assessments will be handled through the Human Resouce Department.

Section 12

Workplace Behavior

12:1 Please Act Professionally

People who work together have an impact on each other's performance, productivity, and personal satisfaction in their jobs. In addition, how our employees act toward citizens, customers and vendors will influence whether those relationships are successful for the City.

Because your conduct affects many more people than just yourself, we expect you to act in a professional and courteous manner toward coworkers, citizens, customers, vendors, and any member of the public while representing the City or conducting City business.

Although it is impossible to give an exhaustive list of everything that professional conduct means, it does, at a minimum, include the following:

- following all of the rules in this Handbook that apply to you
- refraining from rude, offensive, or outrageous behavior toward coworkers, citizens, customers, and vendors
- treating coworkers, citizens, customers, and vendors with patience, respect, and consideration, and
- being courteous and helpful to your coworkers and the public.

Individuals who act unprofessionally will face discipline, up to and including termination.

The success of the City depends in great part on the loyalty and goodwill of our citizens. As a result, we expect our employees to behave in the following manner when interacting with citizens:

- to treat all citizens with courtesy and respect
- to always be helpful and cheerful toward citizens

12:2 Punctuality and Attendance

You are important to the effective operation of this business. When you are not here at expected times or on expected days, someone else must do your job or

delay doing his or her own job while waiting for you to arrive. If you work with customers or vendors, they may grow frustrated if they can't reach you during your scheduled work times.

As a result, we expect you to keep regular attendance and to be on time and ready to work at the beginning of each scheduled workday.

Of course, things will sometimes happen that will prevent you from showing up to work on time. For example, you may be delayed by weather, a sick child, or car trouble. If you are going to be more than ten (10) minutes late, please call your supervisor. If you cannot reach this person, please call the department director or human resources. Please give this notice as far in advance as possible. If you must miss a full day of work for reasons other than vacation, sick leave, or other approved leave (such as leave to serve on a jury or for a death in a family), you must notify your supervisor as far in advance as possible. If you cannot reach this person, contact human resources. (You can find information about the City's vacation and leave policies in this Handbook, Section 10.) If you are late for work or fail to appear without calling in as required by this policy or by other policies in this Handbook, you will face disciplinary action, up to and including termination.

12:3 Employee Appearance and Dress

Please dress appropriately for your position and job duties, and please make sure you are neat and clean at all times. Certain clothing items are provided by the city specific to the department in which you work. Please see your supervisor regarding clothing items provided by your specific department. If you have any questions about the proper attire for your position, please contact your supervisor or human resources. We will try to reasonably accommodate an employee's special dress or grooming needs that are the result of religion, ethnicity, race, or disability.

Certain employees must wear a uniform during work hours. Please make sure you are neat and clean at all times, and please keep your uniform clean and in good condition. If you have any questions about your uniform or about our appearance standards, please contact your supervisor.

We place specific restrictions on the dress and appearance of some employees for safety reasons. Your supervisor will notify you of any specific restrictions. At City Hall, we celebrate Fridays by allowing employees to dress casually. Acceptable casual clothing includes casual dress shirts, jeans and well-kept athletic shoes. Even on Fridays, however, we ask employees to use good judgment and to maintain a neat and clean appearance.

12:4 Pranks and Practical Jokes

Although we want our employees to enjoy their jobs and have fun working together, we cannot allow employees to play practical jokes or pranks on each other. At best, these actions disrupt the workplace and dampen the morale of some; at worst, they can endanger employees and lead to complaints of discrimination, harassment, or assault.

If you have any questions about this policy, contact your supervisor or human resources.

Employees who play pranks or practical jokes will face disciplinary action, up to and including termination.

12:5 Threatening, Abusive, or Vulgar Language

Threatening, abusive, or vulgar language has no place in our workplace. It destroys morale and relationships, and it impedes the effective and efficient operation of our business.

As a result, we will not tolerate threatening, abusive, or vulgar language from employees while they are at work, conducting City business, or attending Cityrelated business or social functions.

Employees who violate this policy will face disciplinary action, up to and including termination.

12:6 Horseplay

Although we want our employees to have fun while they work, we don't allow employees to engage in horseplay: fun that has gotten physical, boisterous, and out of control. Horseplay disrupts the work environment and can get out of hand, leading to fighting, hurt feelings, safety hazards, or worse.

Employees who engage in horseplay will face disciplinary action, up to and including termination.

12:7 Fighting

Verbal or physical fighting among employees is absolutely prohibited. Employees shall not engage in, provoke, or encourage a fight. Those who violate this policy will be disciplined, up to and including termination.

12:8 Sleeping on the Job

When our employees arrive at work, we expect them to be physically prepared to work through their day. Employees who sleep on the job dampen morale and productivity and deprive us of their work and companionship.

For certain employees; sleeping on the job creates a safety hazard. As a result, we do not allow any employees to sleep while at work. Employees who feel sick or unable to finish the day because of weariness should talk to their supervisor about using sick leave to take the rest of the day off. (See Section 10 of this Handbook for information about our sick leave policy.)

We make an exception to this policy for fire department employees who work 24 hour shifts.

12:9 Insubordination

Insubordination occurs when an employee willfully and unreasonably refuses to obey the lawful orders or follow the lawful instructions given by a supervisor. Insubordinate employees will face discipline, up to and including termination. If you believe you have been asked to do something illegal or to work in unsafe conditions, please raise the issue with your supervisor. You may also report your concerns using the complaint procedure described in Section 20 of this Handbook.

12:10 Personal Cell Phones at Work

Although the City allows employees to bring their personal cell phones to work, we expect employees to keep personal conversations and texts to a minimum. While occasional, brief personal phone calls or texts are acceptable, frequent or lengthy personal calls can affect productivity and disturb others. For this reason, we generally expect employees to make and receive personal phone calls during breaks only.

Employees must turn off the ringers on their cell phones while away from their cell phones. If you share workspace with others, you must turn off the ringer on your phone while at work.

Employees must turn off the ringer or leave their phones elsewhere while in meetings, presentations, or trainings. Employees must also turn off their cell phones or leave their phones elsewhere while meeting with clients or serving customers.

It is inappropriate to interrupt a face-to-face conversation with a coworker in order to take a personal phone call.

Remember, others can hear your cell phone conversations. Try to talk quietly and save intimate discussions for another time.

If you abuse this policy, your supervisor may require you to leave your cell phone in a locker or in a secure space outside your workspace.

Employees who violate this policy will be subject to discipline, up to and including termination.

12:11 Progressive Discipline

Any employee conduct that violates City rules or that, in the opinion of the City, interferes with or adversely affects our operations is sufficient grounds for disciplinary action. Disciplinary action can range from coaching to immediate discharge. Our general policy is to take disciplinary steps in the following order:

- coaching
- verbal warnings
- written warning(s), and
- termination

However, we reserve the right to alter the order described above, to skip disciplinary steps, to eliminate disciplinary steps, or to create new and/or additional steps. In choosing the appropriate disciplinary action, we may consider any number of factors, including:

- the seriousness of your conduct
- your history of misconduct
- your employment record
- your length of employment with the City
- the strength of the evidence against you
- your ability to correct the conduct
- your attitude about the conduct
- actions we have taken for similar conduct by other employees
- how your conduct affects the City, its customers, and your co-workers
- any other circumstances related to the nature of the misconduct, to your employment with the City, and the effect of the misconduct on the business of the City

We will give those considerations whatever weight we deem appropriate.

Depending on the circumstances, we may give some considerations more weight than other considerations, or no weight at all.

Some conduct may result in immediate termination. Here are some examples:

- theft of city property
- arguing or fighting with customers or co-workers
- brandishing a weapon at work
- · threatening the physical safety of customers or co-workers
- · physically or verbally assaulting someone at work
- any illegal conduct at work
- using or possessing alcohol or illegal drugs at work
- working under the influence of alcohol or illegal drugs
- revocation or suspension of a certification or license, including a driver's license, when it is a required condition of employment

- unauthorized use of City equipment
- insubordination
- making false statements on a job application
- discrimination and harassment
- failure to follow City policies and procedures

Of course, it is impossible to compile an exhaustive list of the types of conduct that will result in immediate termination. Those listed above are merely illustrations. You should remember that your employment is at the mutual consent of you and the City. This policy does not change that fact. This means that you or the City can terminate the employment relationship at will, at any time, with or without cause, and with or without advance notice. · .

Health and Safety

13:1 Safety Policy

The city takes employee safety very seriously. In order to provide a safe workplace for everyone, every employee must follow our safety rules:

- Horseplay, roughhousing, and other physical acts that may endanger employees or cause accidents are prohibited.
- Employees must follow their supervisors' safety instructions.
- Employees in certain positions may be required to wear protective equipment, such as hard hats, safety glasses, work boots, ear plugs, or masks. Your supervisor will let you know if your position requires protective gear.
- Employees in certain positions may be prohibited from wearing dangling jewelry or apparel, or may be required to pull back or cover their hair, for safety purposes. Your supervisor will tell you if you fall into one of these categories.
- All equipment and machinery must be used properly. This means all guards, restraints, and other safety devices must be used at all times. Do not use equipment for other than its intended purpose.
- All employees must immediately report any workplace condition that they believe to be unsafe to their supervisor. The City will look into the matter promptly.
- All employees must immediately report any workplace accident or injury to your supervisor or the human resource department.

The City of Fort Scott Safety Manual can be accessed via ESS.

13:2 Workplace Security

It is every employee's responsibility to help keep our workplace secure from unauthorized intruders. Every employee must comply with these security precautions. When you leave work for the day, please do all of the following if you are the last person leaving a City facility: Please ensure that any applicable alarms are set and that all doors and windows are closed and locked.

After-hours access to the workplace is limited to those employees who need to work outside of the core work hours or specified shift.

Employees are allowed to have an occasional visitor in the workplace, but workplace visits should be the exception rather than the rule. If you are anticipating a visitor, please let your supervisor know. Do not leave your visitor unattended in the workplace.

13:3 What to Do in an Emergency

In case of an emergency, such as a fire, earthquake, or accident, your first priority should be your own safety. In the event of an emergency causing serious injuries, *IMMEDIATELY DIAL 9-1-1* to alert police and rescue workers of the situation.

If you hear a fire alarm or in case of an emergency that requires evacuation, please proceed quickly and calmly to the emergency exits. Remember that every second may count. Don't return to the workplace to retrieve personal belongings or work-related items. Once you have exited the building, head toward the specified meeting place.

The City keeps emergency supplies on hand. First aid kits are located in each facility, usually in the break room area. Fire extinguishers can be found in each facility and in certain city vehicles.

13:4 Tobacco Free Workplace

To maintain a safe and healthy work environment for all employees, it is the policy of the City to prohibit smoking and use of any tobacco products on all the City premises, including walkways, outside entrances, City vehicles and equipment. Exceptions are designated smoking areas which must be at least 10 feet from any door or window of City buildings. This policy also applies to electronic cigarettes (e-cigarettes) as well as traditional tobacco cigarettes and other smoking products.

You may smoke during meal or rest breaks only. Employees may not take "smoking breaks" in addition to the regular breaks provided to every employee under our policies.

(For the City's policy on work and rest breaks, see Section 6 of this Handbook.) The City encourages those who wish to quit smoking. Our health insurance provider offers a program to help employees stop smoking. If you are interested in this program, ask Human Resources for more details, or you can contact our insurance carrier directly.

(For information on health insurance, see Section 8 of this Handbook.) We recognize that smoking tobacco products is legal and that employees have the right to smoke outside of work hours. The City will not discriminate against any applicant or employee based on that person's choice to smoke.

13:5 Violence Is Prohibited

We will not tolerate violence in the workplace. Violence includes physical altercations, coercion, pushing or shoving, horseplay, intimidation, stalking, and threats of violence. Any comments about violence will be taken seriously, and may result in your termination. Please do not joke or make offhand remarks about violence.

Weapons in the Workplace

- Weapons are generally not allowed in our workplace. Weapons include knives, brass knuckles, martial arts equipment, clubs or bats, and explosives.
- Open carry of firearms by employees is prohibited in the workplace. Note: There are departmental exceptions based on job functions.
- Employees who are legally qualified have the right to conceal carry even though carrying a concealed handgun is not with the course and scope of their employment.
- Any injury while working that is caused by the employee choosing to carry a concealed handgun will not be considered for workers' compensation.

- Any liability associated with the employee's decision to conceal carry will not be defended by the city and will be of personal nature since the carrying of a concealed handgun is not part of the employee's duties.
- Employees are prohibited from leaving a handgun in plain view or unattended.
- Employees must abide by all taws related to conceal carry, such as not entering any building, private or public, that prohibits conceal carry.
- Firearms are not to be stored in city owned vehicles. Exception: Lock
 Boxes are provided on the Fire Trucks for Emergency Responders to store weapons when necessary.
- The City is not responsible for the replacement of lost, damaged, or stolen handguns.
- The election of an employee to conceal carry should not interfere with the employee's ability to perform any work duties and should not obstruct any required safety equipment.

What to Do in Case of Violence

If you observe an incident or threat of violence that is immediate and serious, call the police department at 223-1700 and speak with dispatch.

If the incident or threat does not appear to require immediate police intervention, please contact your supervisor or manager and report it as soon as possible, using the City's complaint procedure. All complaints will be investigated and appropriate action will be taken. You will not face retaliation for making a complaint.

13:6 Domestic Violence

If you have been threatened or are concerned about violence or abuse by a current or former spouse, intimate partner, or other family member, we encourage you to report it to human resources or your supervisor. We will keep this information as confidential as possible. The City will not discriminate against employees who are victims of domestic violence.

Once you make a report, the City will decide what steps to take for your safety and the safety of other employees. The City may ask you to provide copies of any restraining orders or other legal papers you have filed against the abuser, as well as a picture of the abuser, for security purposes.

We understand that domestic violence can affect performance and attendance. If you need time off to ensure your own safety, appear in court, or handle other matters relating to domestic violence, please let us know.

13:7 Don't Use a Cell Phone While Driving

We know that our employees may use their cell phones or other wireless devices, whether these devices belong to the employee or are issued by the City, for work-related matters.

Employees are prohibited from using cell phones or wireless devices for workrelated matters while driving. We are concerned for your safety and for the safety of other drivers and pedestrians and using a cell phone or wireless device while driving can lead to accidents.

If you must make a work-related call or send or read a text while driving, you must wait until you can pull over safely and stop the car before calling or texting. If you receive a work-related call while driving, you must ask the caller to wait while you pull over safely and stop the car. If you are unable to pull over safely, you must tell the caller that you will have to call back when it is safe to do so. Employees may use hands-free equipment to make or answer calls while driving without violating this policy. However, safety must always be your first priority. We expect you to keep these calls brief. If, because of weather or traffic conditions or for any other reason, you are unable to concentrate fully on the road, you must either end the conversation or pull over and safely park your vehicle before resuming your call.

13.8 Physical Activity Policy

The City of Fort Scott encourages all full-time and regular part-time employees to engage in regular physical activity during their work day and at home. Employees are supported through the following:

1. Active Meeting Policy: Long meetings (4 hours or longer) will include a set amount of time (15 minutes minimum) for physical activity breaks that

include stretching, walking, or calisthenics. All meetings will include short breaks of standing or calisthenics (for 2 to 3 minutes in duration) after each 30 minutes of sitting.

- 2. Flexible Working Hours Policy: To accommodate individual preferences and needs for participating in physical activity, employees of the City of Fort Scott will be permitted to flex their work hours up to 30 minutes to participate in physical activity, if the time is made up during the day and it does not interfere with planned work projects that are to be completed at a specified time. Employees must establish their work and lunch time schedules with their immediate supervisors.
- 3. Dedicated Physical Activity Time Policy: Employees are allowed 90 minutes per week to engage in physical activity during paid break time while assuring all primary job duties are accomplished. As per our current policy, work breaks are permitted as determined by the supervisor and the typical work break is 15 minutes x 2 per day. The above 90 minutes is not in addition to this. This policy simply specifies that up to 90 minutes of that breaktime per week is encouraged to be used for physical activity. Studies show that just 10 minutes of moderate activity is beneficial. (Pro-rated for regular part-time employees at 45 minutes per week.)
- 4. Entry Fees for Health Related Competitions: Employees are encouraged to participate in health related competition activities such as walking events, running events, gym competitions, etc. Participating employees who meet the criteria will receive up to \$20 reimbursement on the entry fee. (Pro-rated for regular part-time employees.)

The City of Fort Scott will create an environment that supports a physical activity culture in the workplace where all employees are encouraged and supported to be more physically active through:

 a. Support from leadership staff to enhance and promote physical activity.

- b. Encouraging regular physical activity both at the workplace and at home, and recognizing the importance of work life balance.
- c. Making significant attempts to alter and enhance the workplace environment to increase and enhance physical activity opportunities for employees.
- d. Supporting physical activity among all employees regardless of abilities.

5. Consequences for Noncompliance

All employees of The City of Fort Scott are expected to comply with this policy and obtain supervisor approval. Failure to comply will result in disciplinary action. Compliance does not mean all employees are forced to be active; however, the listed policies are only intended for those who utilize the time to be active.

Supervisors/managers who do not allow employees to take part in policy will face disciplinary action. If an employee sustains an injury while engaging in physical activity related to above stated policies, it will not be considered workers compensation. This policy will be assessed and re-evaluated annually with regard to process, outcomes and impact and is subject to change.

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Employee Privacy

14:1 City Property Is Subject to Search

Employees do not have a right to privacy in their workspaces or in any other property belonging to the City. The City reserves the right to search City property at any time, without warning, to ensure compliance with our policies, including those that cover employee safety, workplace violence, harassment, theft, drug and alcohol use, and possession of prohibited items. City property includes, but is not limited to, lockers, desks, file cabinets, storage areas, and workspaces. If you use a personal lock on any item of City property (a locker or file cabinet, for example), you must give a copy of the key or combination to Human Resources.

14:2 Telephone Monitoring

The City reserves the right to monitor calls made from or received on City telephones. Therefore, no employee should expect that conversations made on City telephones will be private.

14:3 Camera Phones and Other Recording Devices

Guidelines for Camera and Recording Device Use

Employees who use cameras, camera phones, or other digital devices to capture photos, audio, or video on City property or at City events must follow these rules:

1. Employees may record or take pictures of other employees, customers, clients, or visitors only with their permission. If you intend to publicize the pictures or other recordings—for example, by posting them on the Internet, using them in a City newsletter, or submitting them to a photography contest—you must disclose this to the subjects.

2. Employees may not record or take pictures of City confidential information.

3. Employees may not take or use pictures or recordings to harass others. All City policies—including the City's policies on harassment, discrimination, and threats—apply to workplace photographs and recordings.

4. If you have any questions about whether it's appropriate to record or take a photograph at work or use a workplace photograph or recording in a particular way, please ask your supervisor.

The use of cameras, video and audio recording devices, or digital devices (such as cell phones, MP3 players, or PDAs) that have recording capability can cause violations of privacy and breaches of confidentiality.

For that reason, in some departments, we may not allow cameras, video or audio recording equipment, or cell phones or other digital devices that have these capabilities. Your supervisor will notify you if you need to leave these items in a locker outside your work area.

Computers, Email, and the Internet

15:1 Email

Use of the Email System

The email system is intended for official City business. Although you may use the email system occasionally for personal messages, you may do so during nonwork hours only.

Email Is Not Private

Email messages, including attachments, sent and received on City equipment are the property of the City. We reserve the right to access, monitor, read, and/or copy email messages at any time, for any reason. You should not expect privacy for any email you send using City equipment, including messages that you consider to be personal or label with a designation such as "Personal" or "Private."

All Conduct Rules Apply to Email

All of our policies and rules of conduct apply to employee use of the email system. This means, for example, that you may not use the email system to send harassing or discriminatory messages, including messages with explicit sexual content or pornographic images; to send threatening messages; or to reveal City confidential information.

Email Security

To avoid email viruses and other threats, employees should not open email attachments or click on links in email from people and businesses they don't recognize, particularly if the email appears to have been forwarded multiple times or has a nonexistent or peculiar subject heading. Even if you know the sender, do not open an email attachment or click a link that has a strange name or is not referenced in the body of the email. It may have been transmitted automatically, without the sender's knowledge. If you believe your computer has been infected by a virus, worm, or other security threat to the City's system, you must inform the IT department immediately.

Employees may not share their email passwords with anyone, including coworkers or family members. Revealing passwords to the City's email system could allow an outsider to access the City's network.

Retaining and Deleting Email Messages

Because email messages are electronic records, certain messages must be retained for compliance purposes. Please refer to the record-keeping policy for your department for guidance on which records must be kept, and for how long. If you have any questions about whether and how to retain a particular email message, please ask your manager.

Because of the large volume of emails the City sends and receives each day, we discourage employees from storing large numbers of email messages that are not subject to the retention rules. Please make a regular practice of deleting email messages once you have read and/or responded to them.

The City may have occasion to suspend our usual rules about deleting email messages (for example, if the city is involved in a lawsuit requiring it to preserve evidence). If this happens, employees will be notified of the procedures to follow to save email messages. Failing to comply with such a notice could subject the City to serious legal consequences, and will result in discipline, up to and including termination.

Violations

Any employee who violates this policy can be subject to discipline, up to and including termination.

Guidelines for Email Writing

1. Always spell-check or proofread your business email messages. Email is official City correspondence. Spelling errors in email are all too common, and they look sloppy and unprofessional.

2. Use lowercase and capital letters in the same way that you would in a letter. Using all capital letters is the email equivalent of shouting at someone; it can be hard on the eyes. Failing to use capital letters at all (to begin a sentence or a formal noun) can confuse readers and seem overly cute. Unless you are writing poetry, use standard capitalization.

3. Remember your audience. Although email encourages informal communication, that might not be the most appropriate style to use if you are addressing an important customer. And, remember that your email can be forwarded to unintended recipients, some of whom may not appreciate joking comments or informalities.

4. Don't use email for confidential matters. Again, remember the unintended recipient. Your email might be forwarded to someone you didn't anticipate or might be sitting on a printer for all to see. If you need to have a confidential discussion, do it in person or over the phone.

5. Send messages sparingly. There is rarely a need to copy everyone in the City on an email. Carefully consider who really needs to see the message and address it accordingly.

6. Don't leave the subject line blank. Always include a brief description so readers will know what your email is about at a glance. This makes it easier for all of us to manage our email and makes it more likely that you will receive a response to your message.

7. Don't overuse the "urgent" tag. Mark a message as urgent only if it is truly important and must be answered right away.

15:2 Using the Internet

Personal Use of the Internet

Our network and Internet access are for official City business. Employees may access the Internet for personal use only outside of work hours and only in accordance with the other terms of this policy. An employee who engages in excessive Internet use, even during nonwork hours on the city network, may be subject to discipline.

Prohibited Uses of the Internet

Employees may not, at any time, access the Internet using City equipment for any of the following purposes:

- to view websites that offer pornography, gambling, or violent imagery, or are otherwise inappropriate in the workplace
- to operate an outside business, online auction, or other sales site; solicit money for personal purposes; or otherwise act for personal financial gain or profit
- to download or copy software, games, text, photos, or any other works in violation of copyright, trademark, or other laws
- to stream, run, or download any non-City-licensed software program without the express consent of the IT department
- to stream, run, or download music, video, games, widgets, or any form of multimedia, from the Internet, or
- to read, open, or download any file from the Internet without first screening that file for viruses using the City's virus detection software.

If you believe that your job may require you to do something that would otherwise be forbidden by this policy, ask your manager how to proceed.

No Personal Posts Using City Equipment

Employees may not use the City's equipment to transmit their personal opinions by, for example, posting a comment to a blog or social networking page or contributing to an online forum. Even if you don't identify yourself as a City employee, your use of City equipment could cause your opinion to be mistaken for the City's view.

Internet Use Is Not Private

We reserve the right to monitor employee use of the Internet at any time. You should not expect that your use of the Internet—including but not limited to the sites you visit, the amount of time you spend online, and the communications you have—will be private.

Don't Use Personal Email Accounts for Work

Employees may not use their own personal email accounts to transact City business. This includes storing work-related documents and email messages in your personal email account, sending work to your personal email account, engaging in work-related communications (with customers, clients, or coworkers, for example) using your personal email account, or "bouncing" messages from your City email to your personal email when you are out of the office. Although employees may find these practices convenient, they can create significant security problems, expose confidential City information, and compromise the City's open records obligations.

Rules for Accessing Personal Email

Accessing your personal email account from work creates security risks for the City's computer system and network. To help control these risks, you must follow these rules when using City equipment to access your personal email:

- · You may access your personal email account during nonwork hours only.
- Do not open any personal email messages from an unknown sender.
 Personal email is subject only to the security controls imposed by your provider, which may be less strict than the City's. If a personal message contains a virus or other malware, it could infect the City's network.
- Before you open any attachment, you must scan it for viruses using the City's antivirus software.
- You may not transact City business using your personal email account, nor may you transmit any City documents using your personal email account.

15:3 Software Use

It is the City's policy to use licensed software only in accordance with the terms of its license agreement. Violating a license agreement is not only unethical: It is also illegal and can subject the City to criminal prosecution and substantial monetary penalties.

To help us adhere to this policy, employees may not do any of the following without permission from the IT Department:

- copy any City software program, for any reason
- install a City software program on a home computer
- install a personal software program (that is, software owned by the employee) on any City computer

• download any software program from the Internet to a City computer The City may audit City-owned computers at any time to ensure compliance with this policy.

15:4 Personal Blogs and Online Posts

The City recognizes that some of our employees may choose to express themselves by posting personal information on the Internet through personal websites, social media, blogs, or chat rooms, by uploading content, or by making comments at other websites or blogs. We value our employees' creativity and honor your interest in engaging in these forms of personal expression on your own time, should you choose to do so.

However, problems can arise when a personal posting identifies or appears to be associated with the City, or when a personal posting is used in ways that violate the City's rights or the rights of other employees. Employees should not speak with the media on the City's behalf. All media inquiries should be directed to the City Clerk, the City Manager, or the appropriate department director.

Using social media at work

Refrain from using social media while on work time or on equipment provided by the City unless it is work-related as authorized by your manager or consistent with the City's Equipment Policy. Do not use your City e-mail address to register on social networks, blogs or other online tools utilized for personal use.

Guidelines for Online Posting

You are legally responsible for content you post to the Internet, in a blog, social media site, or otherwise. You can be held personally liable for defaming others, revealing confidential or proprietary information, and copyright infringement, among other things.

All of our City policies apply to anything you write in a personal blog, post to the Internet, or upload to the Internet. This means, for example, that you may not use personal postings to harass or threaten other employees or reveal City confidential information, such as internal reports or confidential city communications.

If, in the process of making a personal post or upload on the Internet, you identify yourself as an employee of the City, whether by explicit statement or by implication, you must clearly state that the views expressed in your post, or at your blog, social media page, or website, are your own, and do not reflect the views of the City.

Interacting Online With Colleagues

The City does not tolerate conduct or communications toward work colleagues that violate company policies—such as sexual harassment, bullying, or threats whether they take place online or off. Be respectful. Always be fair and courteous to fellow employees. Keep in mind that you are more likely to resolve work related complaints by speaking directly with your co-workers than by posting complaints on social media.

Be honest and accurate. If you make a mistake, quickly correct it. Remember, the internet is forever. Nothing is 'permanently' deleted. Items you post can and will be saved on someone's device and you have no control over who they share it with. - .

Employee Records

16:1 Your Personnel File

The City maintains a personnel file on each employee. The purpose of this file is to allow us to make decisions and take actions that are personally important to you, including notifying your family in case of an emergency, calculating income tax deductions and withholdings, and paying for appropriate insurance coverage. Although we cannot list here all of the types of documents that we keep in your personnel file, examples include: your employment application, direct deposit form, tax exemptions forms, performance reviews.

We do not keep medical records or work eligibility forms in your personnel file. Those are kept separately.

Your personnel file is physically kept by the human resource department.

If you have any questions about your personnel file, contact the human resource department.

16:2 Confidentiality of Personnel Files

Because the information in your personnel file is by its nature personal, we keep the file as confidential as possible. We allow access to your file only on a needto-know basis.

16:3 Please Notify Us If Your Information Changes

Because we use the information in your personnel file to take actions on your behalf, it is important that the information in that file be accurate. Please notify human resources whenever any of the following changes:

- your name
- your mailing address
- your phone number
- your dependents
- the number of dependents you are designating for income tax withholding
- your marital status

- the name and phone number of the individual whom we should notify in case of an emergency, or
- restrictions on your driver's license.

16:4 Inspecting Your Records

Current employees who want to inspect their personnel files must make an appointment with the Human Resources Department. Appointments will typically take place Monday through Friday between 9:00 am and 4:00 pm. Although we will make every effort to give employees an appointment quickly, it may take up to 48 hours. If an employee would like a representative to view his or her file, the employee must make the request in writing.

Former employees who would like to inspect their files must make a written request to do so. Upon receiving the written request, the Human Resources Department will call the former employee to schedule an appointment.

We do not allow current or former employees to photocopy their file. If you would like a copy of a document in the file, the Human Resources Department will copy it for you at a price of \$0.10 per page.

16:5 Work Eligibility Records

In compliance with federal law, all newly hired employees must present proof that they are legally eligible to work in the United States. We must keep records related to that proof, including a copy of the USCIS Form I-9 that each employee completes for us.

Those forms are kept as confidential as possible. We do not keep them in your personnel file.

16:6 Medical Records

Employee medical records, including but not limited to workers' compensation information, medical certifications and authorizations, and information pertaining to disabilities and accommodations, are not kept in an employee's regular personnel file. Instead, we keep each employee's medical records in a separate, confidential file. We make these records available only as required or allowed by law. If you have any questions about the storage of your medical records or about inspecting your medical records, contact the Human Resources Department.

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Drugs and Alcohol

17:1 Policy Against Alcohol and Illegal Drug Use

The City is committed to providing a safe, comfortable, and productive work environment for its employees. We recognize that employees who abuse drugs or alcohol at work—or who appear at work under the influence of illegal drugs or alcohol—harm both themselves and the work environment.

As a result, we prohibit employees from doing the following:

- appearing at work under the influence of alcohol or illegal drugs
- conducting City business while under the influence of alcohol or illegal drugs (whether or not the employee is actually on work premises at the time)
- using alcohol or illegal drugs on the worksite
- using alcohol or illegal drugs while conducting City business (whether or not the employee is actually on work premises at the time)
- possessing, buying, selling, or distributing alcohol or illegal drugs on the worksite, and
- possessing, buying, selling, or distributing alcohol or illegal drugs while conducting City business (whether or not the employee is actually on work premises at the time).

Illegal drug use includes more than just outlawed drugs such as amphetamines, cocaine, or opiates. It also includes the misuse of otherwise legal prescription and over-the-counter drugs.

This policy covers times when employees are on call but not working and times when employees are driving City vehicles or using City equipment.

Employees who violate this policy may face disciplinary action, up to and including termination.

We do not prohibit employees from consuming alcohol at social or business functions where alcohol is served. Even at these functions, however, employees may not consume alcohol to the point of intoxication or to the point where they endanger their own safety or the safety of others. In addition, employees involved in security and employees who work with heavy or dangerous machinery or materials may not consume any alcohol at these functions if they will be returning to work that same day.

This policy does not prohibit employees from consuming alcohol while entertaining clients or prospective clients. However, employees may not consume alcohol to the point of intoxication, nor may they consume alcohol if they are going to drive. In addition, employees must always conduct themselves professionally and appropriately while on City business.

17:2 Inspections to Enforce Drug and Alcohol Policy

This City reserves the right to inspect employees, their possessions, and their workspaces to enforce our policy against illegal drug and alcohol use.

17:3 Drug Testing

All applicants who accept a job offer are subject to a post offer drug and alcohol screening in an effort to create a workplace environment free from the adverse effects of drug and alcohol abuse or misuse.

Monthly random drug screening applies to all employees who are required to hold and maintain a Commercial Driver's License (CDL) subject to Department of Transportation (DOT) rules and regulations. The random screening selection process is administered by Mercy Hospital.

All employees are subject to screening for reasonable suspicion, post-accident, and return to duty following a lengthy leave of 30 days or more.

17:4 Rehabilitation and Your EAP

Because we care about the health and welfare of our employees, your benefits package includes an Employee Assistance Program (EAP) that provides assistance to employees who suffer from substance abuse problems, personal problems, or emotional problems.

If you would like assistance in dealing with your substance abuse problem, see the Human Resource Department for information about our EAP program. Your request for assistance will be kept as confidential as possible. Please note that even as you might be seeking assistance for your substance abuse problem, we still expect you to meet the same standards of performance, productivity, and conduct that we expect of all employees, including our prohibition on alcohol or illegal drug use at work. We reserve the right to discipline or terminate you for failing to meet those standards.

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Confidentiality and Conflicts of Interest

18:1 Confidentiality

Information is part of what makes the City progressive. During your employment here, you may periodically learn confidential information about the City related to economic development projects, investigations (internal and external) or personnel issues. Some employees may need this information to do their jobs; others may be responsible for developing this type of information for the City.

Employees may not disclose confidential information to anyone outside the employment of the City unless you have authorized to do so. If you have any questions about your obligations or what types of information this policy covers, please contact the City Manager or Human Resources. Employees who violate this policy will face disciplinary action, up to and including termination.

After you leave the City, you are still legally prohibited from disclosing confidential information.

Because of the grave importance of keeping certain information confidential, this City follows practices designed to limit access to that information, and to inform employees about what disclosures are and are not acceptable. Employees who fail to keep certain information confidential will face discipline, up to and including termination.

18:2 Conflicts of Interest

Employees may not engage in any activities or relationships that create either an actual conflict of interest or the potential for a conflict of interest. Employment in another job must not create a conflict with the full-time job hours and completion of job duties for the City.

Although we cannot list every activity or relationship that would create either an actual or potential conflict of interest, examples of activities that might violate this policy include the following:

• working for a customer or vendor as a part-time employee, full-time employee, consultant, or independent contractor, or in any other capacity

- owning an interest with a customer, vendor, or anyone else who seeks to do business with this City
- using the resources of this City for personal gain, and
- using your position in the City for personal gain.

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Employees who violate this policy face disciplinary action, up to and including termination.

If you are unsure about whether an activity might violate this policy, or if you have any questions at all about this policy, please talk to Human Resources.

Discrimination and Harassment

19:1 Our Commitment to Equal Employment Opportunity

The City is strongly committed to providing equal employment opportunity for all employees and all applicants for employment. For us, this is the only acceptable way to do business.

All employment decisions at the City—including those relating to hiring, promotion, transfers, benefits, compensation, placement, and termination—will be made without regard to race, color, national origin, religion or sex. Any employee or applicant who believes that he or she has been discriminated against in violation of this policy should immediately file a complaint with their manager or the Human Resource Department, as explained in our Complaint Policy. We encourage you to come forward if you have suffered or witnessed what you believe to be discrimination; we cannot solve the problem until you let us know about it. The City will not retaliate, or allow retaliation, against any employee or applicant who complains of discrimination, assists in an investigation of possible discrimination, or files an administrative charge or lawsuit alleging discrimination.

Managers are required to report any discriminatory conduct or incidents, as described in our Complaint Policy.

The City will not tolerate discrimination against any employee or applicant. We will take immediate and appropriate disciplinary action against any employee who violates this policy.

It takes a diverse group of people bringing their ideas and skill sets to the table that allows the City to move forward. Our commitment to equal opportunity for everyone extends to our workplace and the way we treat each other.

Discrimination of any kind is contrary to the principles for which the City stands.

19:2 Reasonable Accommodation for Disabilities

The City will provide reasonable accommodations to enable qualified employees with disabilities to perform their jobs and to enjoy the benefits and privileges of employment here, unless doing so would cause undue hardship.

If you believe you need a reasonable accommodation, please submit your request to the Human Resource Department. You may make your request orally or in writing.

If you know of a particular accommodation that you believe will help, please mention it in your request. Although we cannot guarantee that we will grant your specific request, we will certainly consider it.

Once you make your request, the City will engage in a flexible, interactive dialogue with you to come up with an effective accommodation that does not create undue hardship. As part of this process, we may request medical records or information from your medical provider regarding your disability and possible accommodations. In this event, we will treat this information as a confidential medical record.

If you need a reasonable accommodation due to pregnancy, childbirth, or related conditions, please submit your request to your manager or human resources. You may submit your request orally or in writing.

If your physician has given you job restrictions, we will try to accommodate them. We will also consider transferring you to a less hazardous or less strenuous job. However, we will not provide an accommodation if it creates undue hardship for the City.

As part of the reasonable accommodation process, we may ask your physician to provide a medical certification or other information regarding your medical limitations. In this event, we will treat this information as a confidential medical record.

19:3 Reasonable Accommodation for Religious Practices or Beliefs

The City will provide reasonable accommodations to employees whose religious beliefs, practices, or observances require them, unless doing so would cause undue hardship.

If you believe you need a reasonable accommodation (for example, because your religious beliefs or practices create a conflict with your job duties, schedule, dress code, or other City policies or practices), please submit your request to the Human Resource Department. You may make your request orally or in writing. If you know of a particular accommodation that you believe will be effective, please mention it in your request. Although we cannot guarantee that we will grant your specific request, we will certainly consider it.

Once you make your request, the City will engage in a flexible, interactive dialogue with you to come up with an effective accommodation that does not create undue hardship. As part of this process, we may request information from you regarding your religious beliefs or practices.

19:4 Harassment Will Not Be Tolerated

It is our policy and our responsibility to provide our employees with a workplace free from harassment. Harassment on the basis of race, color, national origin, religion or gender undermines our workplace morale and our commitment to treat each other with dignity and respect. Accordingly, harassment will not be tolerated in the City.

Harassment can take many forms, including but not limited to touching or other unwanted physical contact, posting offensive cartoons or pictures, using slurs or other derogatory terms, telling offensive or lewd jokes and stories, and sending email messages with offensive content. Unwanted sexual advances, requests for sexual favors, and sexually suggestive gestures, jokes, propositions, email messages, or other communications all constitute harassment.

If you experience or witness any form of harassment in the workplace, please immediately notify the City by following the steps outlined in our Complaint Policy (see Section 20 of this Handbook). We encourage you to come forward with complaints; the sooner we learn about the problem, the sooner we can take steps to resolve it. The City will not retaliate, or allow retaliation, against anyone who complains of harassment, assists in a harassment investigation, or files an administrative charge or lawsuit alleging harassment. All managers are required to immediately report any incidents of harassment, as set forth in our Complaint Policy.

Complaints will be investigated quickly. Those who are found to have violated this policy will be subject to appropriate disciplinary action, up to and including termination.

Complaint Policies

20:1 Complaint Procedures

The City is committed to providing a safe and productive work environment, free of threats to the health, safety, and well-being of our workers. These threats include, but are not limited to, harassment, discrimination, violations of health and safety rules, and violence.

Any employee who witnesses or is subject to inappropriate conduct in the workplace may complain to their manager, Human Resources or to the City Manager. Any supervisor, manager, or City official who receives a complaint about, hears of, or witnesses any inappropriate conduct is required to immediately notify the Human Resource Department. Inappropriate conduct includes any conduct prohibited by our policies about harassment, discrimination, discipline, workplace violence, health and safety, wages and hours, and drug and alcohol use. In addition, we encourage employees to come forward with any workplace complaint, even if the subject of the complaint is not explicitly covered by our written policies.

We encourage you to come forward with complaints immediately, so we can take whatever action is needed to handle the problem. Once a complaint has been made, the Human Resource Department and the City Manager will determine how to handle it. For serious complaints, we will immediately conduct a complete and impartial investigation.

We expect all employees to cooperate fully in City investigations by, for example, answering questions completely and honestly and giving the investigator all documents and other material that might be relevant. All complaints will be handled as confidentially as possible. When the investigation is complete, the City will take corrective action, if appropriate.

We will not engage in or allow retaliation against any employee who makes a good-faith complaint or participates in an investigation. If you believe that you are being subjected to any kind of negative treatment because you made or were

questioned about a complaint, report the conduct immediately to the Human Resources Department.

20:2 Our Doors Are Open to You

We want to maintain a positive and pleasant environment for all of our employees. To help us meet this goal, the City has an open-door policy, by which employees are encouraged to report work-related concerns. If something about your job is bothering you, or if you have a question, concern, idea, or problem related to your work, please discuss it with your immediate supervisor as soon as possible. If for any reason you don't feel comfortable bringing the matter to your supervisor, feel free to raise the issue with any City management personnel or the Human Resources Department. We encourage you to come forward and make your concerns known to the City.

We can't solve the problem if we don't know about it.

Ending Employment

21:1 If You Resign

If you decide to leave the City for another position, we wish you well. Please notify your immediate supervisor and human resources in writing about your plans. If you can, please give us 2 weeks notice. This will give us time to begin a search for your replacement, calculate your final paycheck and accrued overtime, vacation pay, and any other money that we owe you. Please see Section 7 of this handbook for more information about final paychecks.

You must return all city property in good condition. Please see Section 9 of this handbook for more about city property.

Once you provide notice to the City, we request that you only utilize vacation time that has already been scheduled. If you take vacation during your notice period, it takes away from time that can be spent in the transfer of duties from one employee to another.

Even as you leave the City and move on to future endeavors, you still have an obligation to keep confidential this City's confidential information. Please see Section 18 of this handbook for more about this obligation.

21:2 Final Paychecks

Employees who resign from their job will receive their final paycheck through the normal payroll cycle. Employees whose employment is terminated involuntarily will receive their final paycheck through the normal payroll cycle.

Final paychecks will include all compensation earned but not paid through the date of termination.

Final paychecks will also include any accrued but unused vacation time, sick time payout if applicable, and any refunds on insurance premiums if applicable.

21:3 Severance Pay Is Discretionary

Generally, the City does not pay severance to departing employees, whether they quit, are laid off, or are fired for any reason. However, we reserve the right to pay severance. Decisions about severance pay will be made on a case-bycase basis and are entirely within the discretion of the City. No employee has a right to severance pay, and you should not expect to receive it.

21:4 Continuing Your Health Insurance Coverage

The City offers employees group health insurance coverage as a benefit of employment. If you are no longer eligible for insurance coverage because of a reduction in hours, because you quit, or because your employment is terminated for reasons other than serious misconduct, you have the right to continue your health insurance coverage for up to 18 months. You will have to pay the cost of this coverage plus an administrative fee.

Others covered by your insurance (your spouse and children, for example) also have the right to continue coverage if they are no longer eligible for certain reasons. If you and your spouse divorce or legally separate, or if you die while in our employ, your spouse may continue coverage under our group health plan. When your children lose their dependent status, they may continue their health care as well. In any of these situations, your family members are entitled to up to 36 months of continued health care. They must pay the cost of this coverage plus an administrative fee.

You will receive an initial notice of your right to continued health insurance coverage when you first become eligible for health insurance under the City's group plan. You will receive an additional notice when your hours are reduced, you quit, or your employment is terminated. This second notice will tell you how to choose continuation coverage, what your obligations will be, whether you are entitled to a partial subsidy, and how much you will have to pay for coverage. You must notify us if any of your family members become eligible for continued coverage due to divorce, separation, or reaching the age of majority. Only employees who retire from their employment with the City are entitled to continue their health insurance coverage under this policy until they reach age 65. They must pay the cost of the coverage.

21:5 Exit Interviews

Whenever possible, we will hold an exit interview with employees who leaves the City. During the interview, you will have the opportunity to tell us about your employment experience here: what you liked, what you didn't like, and where you think we can improve. We greatly value these comments.

The exit interview also gives us a chance to handle some practical matters relating to the end of your employment. You will be expected to return all City property at the interview or at an agreed upon place and time. You will also have an opportunity to ask any questions you might have about insurance, benefits, final paychecks, references, or any other matter relating to your employment.

21:6 References

When we are contacted by prospective employers seeking information about former employees, we will release the following data only: the position(s) the employee held, the dates the employee worked for the City, and the employee's safary or rate of pay.

If you would like us to give a more detailed reference, you will have to provide us with a written release—a consent form giving us your permission to respond to a reference request. We will respond only to written reference requests, and we will respond only in writing. Please direct all reference requests to the Human Resources Department.

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Staff Request for Commission Action

Proposed for the following agenda to be held on:		May 1, 2018	
Dat	e:	April 27, 2018	
Cor	ntact Name:	Travis Shelton	
Dep	partment:	Police Department	

 Item Description:
 1) Fully trained narcotics detection police service dog. 2) Training for

 Police officer and drug detection dog. 3) Kennel to house dog. 4) Insert for police car to transport dog.

 5) Heat alarm system for police vehicle

 Action Requested:
 The Fort Scott Police Department has recognized the need for a police

 K-9 to be purchased and owned by the City of Fort Scott. Our drug arrests are up this year and we feel a

 narcotics detection dog will assist officers in locating illegal narcotics in our community.

 Recommendation and Request: Purchase of these items with drug seizure funds from K9 Working Dogs

 International, LLC 322 Weda Street Longford, Kansas 67458

Budget Impact: (if a	pplicable) Amount: \$ <u>14,</u>	000		
Source:	🔲 Included in Budg	get (Acco	unt Code)	
	Other (Explain)	Drug seizure fund	I not included	l in budget
		1 1		
Budget / Finance Ap	oproval <u>:</u>	$\left \right\rangle$	Date:	4/27/18
City Manager:	Junt	BR	Date:	4/27/18

Equipment

- Owens K-9 Insert for Ford Explorer from K-9 Elite- \$1649.95
- Viper K-9 Cool Dog from K-9 Elite(Heat Alarm)- \$650.95
- Portable Home Kennel- (Tractor Supply) \$599.99
- Narcotics case- (K-9 Elite) \$149.95

Canine

• Single Purposes K-9 plus handler course \$10,922.65 (K-9 Working Dogs International)

Complete cost

\$13,973.49 will be the amount to get the program started.